Medicare Hospital



Report

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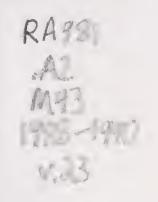


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MEDICARE HOSPITAL INFORMATION

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Volume 23

MASSACHUSETTS

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STATES BY VOLUME

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FOREWORD

The mission of the Health Care Financing Administration (HCFA) is to promote the timely delivery of appropriate, quality health care to the nation's aged, disabled, and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible, and that agency policies and actions promote efficiency and quality within the total health care delivery system.

To that end, the annual release of the <u>Medicare Hospital Information</u> report is a key element in our continuing efforts to improve the effectiveness of medical practice and the quality of care provided to Medicare beneficiaries. It is also an important step in helping beneficiaries make more informed health care decisions.

The information in this release is not intended as a direct measure of quality of care. It is best used as a "screening tool"—that is, to identify potential problems for further review and, in consultation with medical staff, to evaluate a hospital's strengths and weaknesses. Thus, we believe that consumers can use this information to ask questions of their physicians, rather than reach judgments about the quality of care in a particular hospital. We also expect this information to be used by hospital administrators, physicians, peer review organizations, State survey and certification agencies, and researchers.

This publication presents information to answer the question "What is the actual mortality rate within a certain period of time for each hospital compared to the rate that would have been predicted, given what we know about the characteristics of the patients admitted?" Our basic approach to analyzing hospital mortality information has remained unchanged for the past five years; however, since the last publication of mortality information in May 1991, we have made some significant changes both in our methodology and in the way we display the results of our analysis. The four principal changes in the 1992 report are:

- A graphic presentation of the predicted and observed mortality rates for most hospitals for "All Causes" for Federal fiscal years 1988-1990 at 30, 90, and 180 days;
- The addition of information on certain variables that we use in computing the predicted mortality rates for each hospital;
- The addition of information on the geographic origin of each hospital's patients; and

• A comparison of the average length of stay in each hospital with the average for the State and Nation.

These refinements should make this information an even more valuable educational tool to help improve the quality of care in hospitals. The changes were reviewed by a panel of outside experts. The methodology used to calculate the observed mortality rate, the predicted mortality rate, and the standard deviation are briefly described in the Technical Information section of the Introduction to this volume and in more detail in the Technical Supplement (Volume 55).

We acknowledge the assistance we have received from the American Hospital Association—not only for providing the information detailing selected hospital characteristics, but also for alerting its members to the importance of this information. We are also grateful to the personnel in each hospital who took the time to review the data thoroughly and to provide us with comments and suggestions. As before, we have published individual hospitals' comments in their respective State volumes. Over the years, these communications have helped to improve and refine the information included in this publication.

HCFA is committed to improving the <u>Medicare Hospital Information</u> report. To that end, we are continuing to work with representatives of hospital, consumer, employer and other organizations to make this annual report as useful as possible for all consumers.

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INTRODUCTION

The Medicare Hospital Information report contains information on acute care hospitals that treated Medicare patients discharged in Federal fiscal year (FY) 1990 (October 1, 1989—September 30, 1990).

This year's publication set consists of 54 State volumes and a Technical Supplement (Volume 55). There is one volume per State, except that California and Texas have two volumes each, Hawaii is combined with American Samoa and Guam, and Puerto Rico and the Virgin Islands are combined together in one volume.

Each hospital's two summary data pages are arranged alphabetically by hospital name in each State volume. These data pages consist of:

- The hospital's FY 1990 Medicare hospital mortality rates;
- A graphic presentation of the predicted and observed mortality rates for most hospitals for "All Causes" for FYs 1988—1990 at 30, 90, and 180 days;
- The FY 1990 values for selected explanatory factors used to predict the mortality rates;
- Origins and lengths of stays of Medicare admissions; and
- Hospital characteristics, such as the number of beds and other characteristics, which we obtained from data contained in the American Hospital Association's (AHA) 1990 Annual Survey of Hospitals files or, when such information was not available from the AHA file, the Health Care Financing Administration's (HCFA) Online Survey, Certification and Reporting System (OSCAR) file.

Please note that the information regarding origins and lengths of stays and hospital characteristics are presented strictly for information purposes only. They were not used to calculate the hospital's predicted mortality rates.

Toward the end of each volume, we include both State and national mortality rates developed by our analysis, as well as the comments we received from individual hospitals.

DESCRIPTION OF MORTALITY INFORMATION

The mortality rates at a given hospital may reflect, among other factors, the age, sex, diagnoses, and severity of illness of patients admitted to that hospital, as well as the quality of care they received. Factors affecting health and the probability of death vary among the patient populations served by individual hospitals. Consequently, the mortality rates in different patient populations vary considerably.

These latest analyses of the mortality rates associated with Medicare hospitalizations are similar to those carried out in the four prior years. Only one hospitalization for every patient was used. As in last year's analysis, when a patient had multiple hospitalizations during the fiscal year, one stay was selected at random to be analyzed. We believe that the use of the randomly selected admission provides a better representation of a typical hospital admission and permits us to calculate mortality rates more nearly like those the hospital itself would calculate for its patients.

Although we publish data only on deaths which occur within 180 days of admission to the hospital, for purposes of analysis our methodology actually considers deaths which occur any time within 365 days of admission (with the exception that no date of death later than April 1, 1991 is used). This is part of the formula which assesses the long-term risk of mortality. With this approach, information about the early and later results of the hospitalization is provided. This is important because diseases evolve with different time courses, and treatments may have different short- and long-term effects. The choice of at least 180 days allows substantial followup consistent with timely reporting of HCFA data.

We again analyzed the data on a fiscal year, rather than on a calendar year, basis because it allows us to report on recent hospitalizations. Also, new Medicare rules are often instituted on a fiscal year basis.

For each hospital, mortality rates are presented for overall Medicare patient mortality and for eight medical conditions and nine procedures. The information consists of the number of Medicare patients; the observed or actual mortality rate (OBS); the predicted mortality rate (PRED), given the mix of patients; and a standard deviation (SD), a measure of the uncertainty of the predicted rate.

The following information will be helpful when reviewing specific information for any given hospital.

Number Of Cases

This is the number of individual Medicare beneficiaries whose discharge in a fiscal year from the short-term, acute care hospital listed was selected for analysis. The total number of cases randomly selected for each hospital is presented under the category "All Causes." The eight medical condition and nine surgical procedure categories are subgroupings drawn from the "All Causes" selection. Although a particular patient may appear in only one of the eight medical condition categories, that same patient may also appear in one or more of the nine surgical procedure categories. Similarly, a patient may appear in one or more of the nine surgical procedure categories, even though he or she was not included in any of the eight medical condition categories.

The categories chosen for display represent HCFA's interpretation of the categories judged to be important by various outside advisors including the Institute of Medicine. The listed condition and procedure categories do not cover the reason for admission of all the hospitalized Medicare patients in this study. (The ICD-9-CM codes included in each condition and procedure category appear in Table 1 following this Introduction section.)

These conditions and procedures represent the causes for the hospital admission and/or surgical episodes during that stay; they do not necessarily represent the cause of death. HCFA does not have access to cause of death information.

Observed Mortality Rate (OBS)

The observed mortality rate for each category is the percentage of each acute care hospital's selected Medicare patients who died within 30, 90, or 180 days of the selected admission. This rate does not represent the percentage whose death was caused by a particular condition or procedure.

The percentage is rounded to the nearest one-tenth of one percent. Both inhospital deaths and deaths occurring after discharge but within 30, 90, or 180 days of admission are included. For example, if a hospital had 1,000 patients included in the "All Causes" category and 124 of these patients died within 30 days of the selected admission, the 30-day observed mortality rate would be 12.4 percent; if an additional 17 patients died more than 30 but less than 91 days after admission, the 90-day observed mortality rate would be 14.1 percent; and if an additional 13 patients died more than 90 but less than 181 days after admission, the 180-day observed mortality rate would be 15.4 percent.

It is important to note that the observed mortality rate is cumulative; e.g., the 90-day observed mortality rate includes all deaths which occur within 30 days of admission, as well as those occurring more than 30 and less than 91 days after admission.

Predicted Mortality Rate (PRED)

The predicted mortality rate for each hospital's patients is derived in part by determining, based on national experience, the contribution to the probability of dying associated with various patient characteristics such as:

- Principal diagnosis (grouped into 23 analytical risk categories),
- Age,
- Sex,
- Previous hospital admissions within the prior six months,
- Admission source (e.g., physician reference, skilled nursing facility reference),
- Admission type (e.g., elective or emergency), and
- The presence of up to seven comorbid conditions—cancer, chronic cardiovascular disease, chronic renal disease, chronic liver disease, chronic pulmonary disease, cerebrovascular degeneration, and chronic diabetes. A list of the ICD-9-CM codes defining the comorbid conditions is in Table 2 following this Introduction section.

Standard Deviation (SD)

The standard deviation is a tool to gauge the extent to which the difference between the observed and predicted mortality rate is meaningful. In general, the greater the difference between the two rates, the greater the probability that the difference represents an actual variation from what would be expected in view of the national experience. The less chance that the difference between the PRED and the OBS can be attributed to statistical variability, the more grounds for possible concern about the institution's performance.

Information on how to use the SD to construct prediction intervals for use in assessing the real difference between the OBS and the PRED is included in the Technical Information section of this Introduction. The precision and interpretability of the estimates are weaker when there are no deaths or 50 or fewer cases in a particular category being analyzed. Thus, for these instances, dashes ("---") are placed in the SD column.

OBSERVED MORTALITY RATE AND PREDICTED RANGE FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES

Also in this year's report, we have presented graphs that display the information for most hospitals described above for FYs 1988 and 1989, as well as FY 1990. (In particular, these graphs could not be computed for hospitals that had 50 or fewer cases or no deaths in FYs 1988, 1989, or 1990). In constructing the graphs, we used 2 times the standard deviation to approximate a 95 percent prediction interval. The observed mortality is shown as a dot (•). The predicted mortality is shown at the middle of a range of mortality rates. The bottom of the range is the predicted mortality minus twice the standard deviation, and the top of the range represents the predicted mortality plus twice the standard deviation. The graphs for FY 1988 and FY 1989 are based on new random samples and new computations for this year's report. Thus, the calculations for some hospitals for FY 1988 and FY 1989 may be different from previous releases, because we are including more current data in this year's report.

FY 1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

This year's report includes the FY 1990 average at each hospital of many of the explanatory factors used to predict that hospital's mortality rates. This information provides a profile of the patients used in the analysis and should help to identify possible systematic coding errors in the claims data used to calculate the mortality rates. These percentages are derived from the patients included in the sample and should be applied to the total number of cases listed in "All Causes." It is important to note that neither the admission sources/types nor the comorbidities categories are mutually exclusive. For example, a patient could be both "referred by his personal physician" and "admitted for elective procedure." Similarly, a patient could have secondary diagnoses of both cancer and diabetes.

INFORMATION SOURCES AND NOTES

We believe that when the mortality rate information is properly understood and applied, it can be very useful; it can also be misleading if it is interpreted incorrectly. The information simply describes one of several possible outcomes at a hospital—postadmission mortality for Medicare beneficiaries.

Mortality information is not necessarily representative of a hospital's total performance in all aspects of patient care. Individual hospitals may have very good reasons for their rates being higher than the rates predicted by the HCFA model. For example, one hospital might have different death rates than another because its patient mix is not fully accounted for by the model.

Accordingly, we offered each hospital the opportunity to review their specific information and to provide comments to HCFA and the public, and we included those comments that were received timely at the end of this volume. Users should read the discussions about the uses and limitations of the mortality information found on page xiii, as well as any comments a hospital may have provided.

Hospitals In The Analysis

The hospitals included in this analysis are participating in Medicare as short-term, acute care facilities—all have a zero in the third position of their Medicare provider number. All other hospitals—those with something other than a zero in the third position of their provider number, such as rehabilitation facilities or psychiatric institutions—were excluded. This year, as in the past two years, we have also excluded hospices.

In some cases, we have included data for hospitals that closed, changed ownership, or changed management either during or subsequent to FY 1990. Our data included for those institutions reflects the situation as it existed at the time the hospitalizations analyzed occurred.

Data Sources

This report is based primarily on Medicare hospital billing information for Federal fiscal years 1988, 1989, and 1990. While the principal source of the data for the analysis was the HCFA-maintained Medicare Provider Analysis and Review (MEDPAR) file, which contains information about each Medicare hospitalization, some of the information about beneficiaries, such as date of death, was obtained from the Social Security Administration. Hospitals submit bills to HCFA's fiscal intermediaries (which handle claims for the inpatient care provided to Medicare beneficiaries) which, in turn, submit this information to HCFA. The file is updated on a quarterly basis. Our analysis was based on information available following the June 1991 update of the MEDPAR file. It is estimated that by that time (nine months after the close of the fiscal year), 98 percent of all Medicare discharges in FY 1990 are included in the file.

Possible Limitations Of The Data

In any large-scale data base, such as the one dealing with Medicare hospitalizations, there will be gaps or inaccuracies. For example, last year some hospitals had not accurately reported the source or type of admission, and thus erroneous information was included in the analysis for those hospitals. However, the fact that the files contain information on about 10 million hospital admissions to nearly 6,000 hospitals for each year provides some assurance that, for purposes of the statistical analysis conducted here, the information that might be

missing or inaccurate is such a small portion of the total that it would have little effect on the results for national estimates. Nevertheless, it may substantially affect an individual hospital if it were the source of the inaccurate information.

While we feel that the information used in this analysis is thorough and complete, there are a few points to keep in mind as you review the mortality information.

The information used is billing data; it is only as good as the information submitted by hospitals as part of the payment process. Although there is always a possibility that coding errors are included, we assume that, given the link to payment, hospitals have an incentive to submit bills accurately and promptly. We do know, however, that some hospitals submitted incomplete or erroneous data.

For example, following last year's public release of the hospital mortality data, several hospitals wrote to HCFA indicating that they had submitted incorrect data. Furthermore, they stated that if they had given us the correct information, their predicted mortality rates would have been higher than those presented in HCFA's report. Therefore, in this year's report we have annotated those hospitals' data pages with a footnote stating: "This hospital says that it submitted inaccurate data to Medicare and claims that its predicted mortality rate should be higher than that presented above." At this point, however, HCFA cannot confirm the validity of those hospitals' claims. The analysis results might very well be different if the data on which they were based were submitted accurately by those hospitals.

In our previous analysis of mortality data, we discovered that some States had zero admissions from a skilled nursing facility. While some of these problems were corrected on the MEDPAR files used for this analysis, at the time this study was initiated we found empirical evidence that some of the files still contained suspect information. The suspect data were identified by noting those months (date of discharge) and fiscal intermediaries for which the type and source of admission fields appeared to be interchanged. Based on our findings, we reversed these fields to at least partially correct the remaining discrepancies. The following list shows the specific instances for which the fields were reversed for this analysis.

TYPE AND SOURCE OF ADMISSION FLIPPED

FI No.	FI Name	<u>Dates</u>
00030	Arizona Blue Cross	10/01/86 — 12/31/88
08000	Maryland Blue Cross/DC	06/01/87 — 09/30/87
00190	Maryland Blue Cross	06/22/87 — 12/31/88
00400	Texas Blue Cross	12/07/87 — 12/31/88

HOW TO USE THIS INFORMATION

There are several key points to remember about the use of this information. First, it is important to understand that the difference between the hospitals' mortality rates and the predicted rates in the tables in this report may not be a direct measure of the quality of care rendered in the hospitals.

Second, the usefulness of this information depends upon the accuracy with which mortality rates can be predicted. We do not currently have any direct measurement tool with which we can fully adjust for severity of patient illness differences among hospitals. For instance, two hospitals may have very different death rates for patients admitted for stroke, even after we have adjusted for age, sex, and several other factors. This might happen because one hospital's stroke patients may consist of a significant number who are admitted in a coma (and are thus more likely to die), whereas another hospital's patient population may represent a broader spectrum of patients with cerebrovascular problems, or because these two hospitals, in fact, do provide different levels of quality of care. In addition, other factors affecting the probability of death in a particular case (e.g., family status/support, overall health status of the patient, etc.) are not included in the predictive model because information on them is not readily available.

Nevertheless, we believe that the information presented in this publication is an important contribution to the health care community and should be helpful to a wide range of individuals and organizations including consumers, hospital administrators, physicians, PROs, and researchers.

Use By Consumers — Some Key Questions

Consumers should read carefully the explanations of the uses and limitations of the information. Listed below are some questions that we recommend a consumer think about before choosing a hospital. Please keep in mind that this is not a comprehensive list, but it should serve to illustrate the types of questions that are important to consider.

- Why are the hospital's observed mortality rates for "All Causes" consistently and significantly above the predicted rates for FY 1990?
- Why are the hospital's observed mortality rates for the condition for which I need treatment or the procedure I will undergo consistently and significantly above the predicted rates for FY 1990?
- How does this hospital's pattern of mortality compare with that of other hospitals in the State and Nation?

- Is the number of cases too small to present a satisfactory picture of the hospital?
- Does the hospital treat a large number of cases in the category for which I need treatment?
- Does the hospital treat a large number of patients who have several co-existing illnesses or who otherwise are likely to be "sicker" than average?

Other Users Of This Publication

Among other users of this publication, we expect that the hospital administrator (in consultation with medical staff) will find the information most useful as a screening tool to evaluate a hospital's strengths and weaknesses. We know that some hospitals and their medical staffs, using established and newly emerging quality assessment techniques, are seeking information that will result in improved health care delivery.

Outside Assistance In Developing This Publication

The development and presentation of the <u>Medicare Hospital Information</u> report continues to be an important part of HCFA's responsibilities in the health care community. To make the information as accurate and useful as possible, over the past several years we have discussed the theoretical framework and statistical approach with a number of nationally recognized technical experts in appropriate fields. Based on their recommendations, we believe that the models used in these analyses continue to be reasonable and appropriate.

In the past, we have conducted validation studies of our methodology. In general, these studies have found correlation between poor quality care and hospitals whose observed mortality rates significantly exceed the rates that would have been predicted. However, we have also found that detailed clinical data which more thoroughly characterize the severity of patient's illness, while they do not materially affect results describing the general pattern of mortality, do, in specific instances, alter our assessment of the comparison of the observed to the predicted mortality rates.

The format for presentation, the process for sharing the information with individual hospitals, and the statistical methodology have been discussed at various meetings with leaders of organizations representing Medicare beneficiaries, physicians, and hospitals. Also, we have spent many months reviewing the comments received from the hospitals regarding their patient-specific data for earlier years and our previous mortality information reports. Many suggestions from these sources have been incorporated into this report.

We have carefully investigated comments from individual hospitals on apparent discrepancies or errors generated in previous years. These discrepancies rarely had an effect on a hospital's overall mortality rate. Most of these instances fell into the following two broad categories.

- Inaccurate Date of Death We found that inpatient billing coding errors (e.g., a hospital bill indicating that the patient's status at time of discharge was "expired" when the patient had, in fact, left the hospital alive) created many of these errors. We now have mechanisms in place that allow a continuous update of HCFA's master file, thereby enabling us to make corrections.
- Discrepant Case Counts Our analysis counts only one acute care discharge in a fiscal year; normally, hospitals count each discharge. Thus, a patient admitted three times in a year would count three times for the hospital, but only once for the purpose of analyzing Medicare hospital mortality data presented in this report.

We believe it is important for consumers of health care to have access to as much information about hospitals as possible when making health care choices. Along with hospital characteristics information, we have added this year information about the origin and length of stay of Medicare admissions. This information is presented for comparative purposes only and was not used in calculating a hospital's predicted mortality rates. These data were not part of the analyses, and any errors or discrepancies in them do not affect the predicted mortality rates.

ORIGIN OF MEDICARE ADMISSIONS

Data on the geographic origin of each hospital's patients are presented in this year's report. We obtained from the Health Insurance Master file the State and county of residence for each Medicare beneficiary discharged from a Medicare-certified, acute care hospital during FY 1990. We then compared that information with the location of the hospital to determine the percentage of all discharges where the patient lived within the same city/county as the hospital location, within the State where the hospital is located, or outside the State. The percentages are derived by dividing the number of discharges of beneficiaries in a geographic category by the total number of Medicare discharges from the hospital. Please note that these are percentages of total Medicare discharges, not of the mortality sample alone.

MEDICARE AVERAGE LENGTH OF STAY

We obtained from the MEDPAR file the total days of care—both Medicare covered and noncovered—and divided that total by the number of discharges from each hospital. Total, rather than covered, days were used because, under the Prospective Payment System (PPS), if a Medicare patient has at least one day of hospital coverage available to him in the current spell of illness, the hospital will be paid the full diagnosis related group (DRG) amount plus any approved outlier amount, regardless of the number of days actually used.

Example: Hospital A had 2,513 Medicare discharges with a total of 24,379 days.

Calculation: $\frac{24,379}{2,513} = 9.7 \text{ days}$

The Medicare average length of stay is 9.7 days.

HOSPITAL CHARACTERISTICS

As noted previously, we have again included information on selected hospital characteristics such as the number of beds, occupancy rate, ownership, staffing, and specialty services. This information was obtained from the American Hospital Association's (AHA) 1990 Annual Survey of Hospitals, with the exception of the case mix index (CMI), which was derived from HCFA billing data. This file consists of information voluntarily reported by hospitals to the AHA. In instances where AHA data were unavailable, for example for hospitals that did not respond to the AHA survey, we derived the information from HCFA's Online Survey, Certification and Reporting system (OSCAR). The hospital characteristics and the specific special services listed were selected with the concurrence of the AHA as being those most meaningful to the Medicare population. Information on these specific data elements follows.

AHA Definitions (except for CMI)

Survey and Year — AHA 1990. Source is the American Hospital Association's 1990 Annual Survey of Hospital files.

Profile

Total beds (#) — Number of beds (including subacute beds), cribs, and pediatric and neonatal bassinets regularly maintained (set up, staffed, and ready for use) for inpatients as of the close of the reporting period; does not include bassinets for normal newborn infants.

Occupancy rate (percent) — Ratio of average daily census to the average number of beds (statistical beds) maintained during the 12-month reporting period. (NOTE: The number of these "statistical beds" may differ from the bed count at the close of the reporting period.)

Ownership/control — State government, local government, district/authority, church, private nonprofit, private for profit, or Federal Government.

Medicare discharges — The total number of inpatient discharges for Medicare patients for those hospitals selected for the mortality calculations, including all discharges for persons with more than one hospitalization during the year. (The mortality data include only one randomly selected discharge for each hospitalized enrollee. Therefore, this figure may reflect more discharges than the actual number of cases randomly selected for the mortality study.)

Case mix index (CMI) — A measure of the overall complexity of the Medicare cases treated by a given hospital compared to the complexity of the national average case mix. The CMI represents the relative costliness of each hospital's mix of cases compared to the national average mix of cases. A CMI of greater than one means that a hospital treats more complex cases than average. A CMI of less than one means that a hospital treats less complex cases than average. The CMI for each hospital is calculated on an annual basis. In this report, the CMI presented for each hospital is calculated based on its discharges in FY 1990.

A hospital's CMI is calculated by multiplying the number of cases in each DRG by the relative weight of that DRG, summing the products, and dividing the sum by the total number of cases for the year. For calculating the FY 1990 CMI, use the DRG relative weights published in the *Federal Register*, Volume 54, Number 169, pages 36468 ff., dated September 1, 1989.

Staffing (all AHA counts are as of 9/30/90)

Total number of physicians — Total active and associate medical staff.

Percent of physicians who are board-certified specialists — Physicians who have passed an examination given by a medical specialty board and have been certified by that board as a specialist.

Medical residents/interns — Full-time equivalent (FTE) medical residents or interns.

Registered nurses — Full-time equivalent (FTE) registered nurses.

Licensed practical nurses — Full-time equivalent (FTE) licensed practical nurses.

Specialty Services

Burn Unit — Provides more intensive care to severely burned patients than the usual acute nursing care provided in medical and surgical units. Beds must be set up and staffed in a unit specifically designated for this service.

Cardiac Intensive Care — Provides patient care of a more specialized nature than the usual medical and surgical care, on the basis of physicians' orders and approved nursing care plans. The unit is staffed with specially trained nursing personnel, and contains monitoring and specialized support or treatment equipment for patients who, because of heart seizure,

open-heart surgery, or other life-threatening conditions, require intensified, comprehensive observation and care. May include myocardial infarction, pulmonary care, and heart transplant units. Beds must be set up and staffed in a unit(s) specifically designated for this service.

Comprehensive Geriatric — Provides diagnostic and evaluation services that determine elderly patients' long-term care needs. It includes the assessment of medical conditions, functional activities, and mental and emotional conditions, and incorporates these into a treatment plan which includes family and financial concerns as well as medical needs.

Hospice Care — A program providing primarily medical relief of pain and support services to terminally ill patients and assistance to their families in adjusting to the patients' illness and death.

Medical/Surgical Intensive Care — Provides nursing care to adult and/or pediatric patients of a more intensive nature than the usual medical, surgical, pediatric, and/or psychiatric care on the basis of physicians' orders and approved nursing care plans. Included are medical-surgical, pediatric, and psychiatric (isolation) units. These units are staffed with specially trained nursing personnel, and contain monitoring and specialized support equipment for patients who, because of shock, trauma, or life-threatening conditions, require intensified, comprehensive observation and care. These units may also include cardiac care when such services are not approved in a distinct cardiac care unit. This category is called "intensive care unit" in OSCAR.

Organ/Tissue Transplant — The hospital has the necessary staff and equipment to perform the surgical removal of a viable human organ or tissue from a donor, either living or deceased, and the surgical grafting of the organ/tissue to a suitably evaluated and prepared patient.

Other Intensive Care — Provides nursing care to adult and/or pediatric patients with a specialized disease or condition of a more intensive nature than the usual medical, surgical, pediatric, and/or psychiatric care on the basis of physicians' orders and approved nursing care plans. Examples reported include oncology or spinal cord injuries. These units are staffed with specially trained nursing personnel and contain monitoring and specialized support equipment appropriate for the patients' specialized conditions.

Trauma Center — Provides emergency and specialized intensive care to critically injured patients.

Other Specialty/Hospital-Based Services

Alcohol/Drug — Hospital services for the medical care and/or rehabilitative treatment of outpatients whose primary diagnosis is alcoholism or other chemical dependency.

Rehabilitation — A unit having designated beds and providing a comprehensive array of multidisciplinary medical rehabilitation services.

Psychiatric — Care provided to emotionally disturbed, chronically mentally ill, mentally disordered, or other mentally incompetent patients on the basis of physicians' orders and approved nursing care plans. Beds must be set up and staffed in units specifically designated for this service.

Medicare Swing Beds — The hospital is certified by Medicare to provide "swing bed" services; that is, some acute care beds can be used for skilled nursing facility type care in the hospital for Medicare purposes.

OSCAR Definitions (except for CMI)

Survey and Year — HCFA, most recent year. Data were derived from the Online Survey, Certification and Reporting System (OSCAR).

Profile

Total beds (#) — Total number of operational beds eligible for Medicare payment.

Ownership/control — Church; private, nonprofit; other nonprofit; proprietary; Federal Government; State government; local government; and hospital district or authority.

Case mix index (CMI) — See definition shown in AHA "Profile" section.

Staffing

Medical residents/interns — Full-time equivalent (FTE) medical residents or interns.

Registered nurses — Full-time equivalent (FTE) registered nurses.

Licensed practical nurses — Full-time equivalent (FTE) licensed practical nurses.

Specialty Services

NOTE: There are no specific definitions of specialty services in OSCAR. Characteristics are self-reported by each hospital at initial Medicare certification and recertification, and are generally understood to parallel the explicit AHA definitions (above). The AHA categories "comprehensive geriatric" and "other intensive care" are not available in OSCAR. However, they may be included in the OSCAR category of other specialty services (not shown in table).

Coronary Care — See definition shown in AHA "Specialty Services" section.

Intensive Care Unit — See definition shown in AHA "Specialty Services" section. These units may also include other intensive care units in OSCAR reporting.

Organ Transplant — See definition shown in AHA "Organ/Tissue Transplant" section. May include tissue transplants because there is not a separate field in OSCAR for these services.

TECHNICAL INFORMATION

DATA SOURCES

The data analyzed in this report are obtained from the Medicare Provider Analysis and Review (MEDPAR) file for the fiscal years 1987-1990, which contains information on the hospital stays of Medicare beneficiaries. The principal sources of data for this file are the bills (known as HCFA-1450 or UB-82) submitted by the hospitals to HCFA through fiscal intermediaries. The MEDPAR file also contains data about the beneficiaries, such as age, sex, and date of death, which are obtained from the Social Security Administration, the Railroad Retirement Board, or the Office of Personnel Management.

Hospital stays with discharges in fiscal years 1988, 1989, and 1990 were used in these analyses. Hospital stays in 1987 were used only to characterize the prior admissions of the patients in the 1987 cohort. Only acute care hospital stays in short-term (general and specialty) hospitals were selected. These hospitals have a "0" in the third position of their Medicare provider number. Hospital stays in institutions (designated by a "9" in the fourth position of the provider number) and hospital stays in psychiatric units, rehabilitation units, swing-beds and alcohol/drug units (with "special unit codes" of S, T, U and V, respectively, in the third position) were excluded.

THE MORTALITY MODEL

For each beneficiary in each year one hospitalization was selected at random. Choosing a specific hospitalization is necessary to avoid multiple counting of the same death for that year. Selecting a random hospitalization instead of the first or last in the year produces mortality rates that are more representative of the rates that a hospital might calculate for its patients. Also, the mortality rates based on this random selection process reflect an intermediate position between the rates produced by the alternatives.

The selected hospital stays were analyzed separately by analytical category. The analytical categories were created by grouping ICD-9-CM diagnosis codes that had similar mortality patterns. The procedures for creating the analytical categories and the groups of ICD-9-CM diagnosis codes that defined them are detailed in the Technical Supplement.

The mortality experience of the patients was evaluated as a function of time within 365 days of the admission. The factors included in the mortality model used to evaluate each patient's probabilities of death are given in Table 3. They consist of demographic characteristics (age and sex), major comorbidities (chronic diseases likely to have been present at admission and believed to

complicate management and increase the likelihood of an adverse outcome), prior admissions (grouped into five risk or severity levels) within the 6 months preceding the admission evaluated, admission type (emergent, elective, etc.), and admission source (referral from the physician's office, the nursing facility, etc.). The specific reason for the admission (the principal diagnosis) and the performance of selected surgical procedures were additional factors used in the estimation of the predicted probability of death (see below).

The observed mortality rate for a hospital was calculated by means of the lifetable method ("The LIFETEST Procedure," Chapter 22, <u>SAS User's Guide:</u> Statistics, Version 5 Edition, pages 529-557).

ANALYTIC TECHNIQUES

A time-to-event or survival model with explanatory or concomitant variables was used to ascertain the influence of the patient characteristics listed above on the probability of death. A feature of such a model is allowance for "right censored" observations. Generally, these are events or outcomes which would have occurred but for some interference that prevents further observation. In the present analysis, "right censoring" occurs when a patient is withdrawn alive from the study April 1, 1991 or at the end of the followup period of 365 days.

The survival function, S(t), is one of several equivalent ways of expressing the model. Another form uses the cumulative distribution function or the mortality function

$$F(t) = 1 - S(t)$$
.

Another useful formulation of these models is the hazard function, h(t), also known as the force of mortality or risk function. The hazard is the rate of decrease in the number of survivors relative to the number of survivors at a specific time. Mathematically, the hazard function is

$$h(t) = -\frac{1}{S(t)} \frac{dS(t)}{dt} = -\frac{d \ln(S(t))}{dt}.$$

The probability density function, f(t), commonly used in statistical texts can be expressed as follows:

$$f(t) = \frac{dF(t)}{dt} = h(t)S(t).$$

The area under the survival curve is the expected value for t. In some cases, the area under the survival curve is restricted to an interval 0-t₁ where t₁ might be one year, for example.

The specific time-to-event or survival model used in the present analysis is Bailey's modification of the Makeham model. The survival function for the Bailey-Makeham model is

$$S(t) = \exp\left\{-\delta t - \left(\frac{\alpha}{\gamma}\right)(1 - \exp(-\gamma t))\right\}$$
where
$$\alpha = \exp(\alpha_0 + \alpha_1 x_1 + \dots + \alpha_i x_i + \dots + \alpha_k x_k)$$

$$\gamma = \exp(\gamma_0 + \gamma_1 x_1 + \dots + \gamma_i x_i + \dots + \gamma_k x_k)$$

$$\delta = \exp(\delta_0 + \delta_1 x_1 + \dots + \delta_i x_i + \dots + \delta_k x_k)$$

are the expressions for each of the structural parameters α , γ , and δ in terms of the k concomitant variables x_i and their associated component parameters α_i , γ_i , and δ_i for i=1, 2, ..., k and three intercepts or component parameters α_0 , γ_0 , and δ_0 . The structural parameter δ is the long-term risk which is approached as $t \rightarrow \infty$. The structural parameter α is the initial excess risk which decays with rate constant γ .

For the survival function given above, the risk or hazard function has an especially tractable form of an exponential decay which approaches a long-term risk, δ . The hazard function corresponding to the survival function above is

$$h(t) = \alpha \exp(-\gamma t) + \delta.$$

The estimation of the component parameters was carried out in a series of steps in which those covariates which had estimable and statistically significant (p<0.05) influences of the probability of death were identified for inclusion in the model. As the model for each of the 23 risk categories was estimated separately, different lists of covariates were used for the final core models.

This first step was followed by the estimation of the additional contribution of specific principal diagnoses in each risk category. In these analyses, the effects of the patient characteristics included in the core models were corrected for. Only those principal diagnoses were retained which were estimable and had more than 900 cases (more than 300 for codes identified by year). Similarly, after adjustment for the effects of both the variables in the core model and the principal diagnoses, correction terms were calculated to estimate the additional information about the probability of death associated with the categorization of the patients into the clinical groups used for the presentation of the data in the mortality tables (see below). These correction terms were negligible for the medical categories but substantial for the surgical categories.

Once the component parameters or regression coefficients α_i , γ_i , and δ_i have been estimated, the predicted probability of patient death at any specified time after admission, 1-S(t), may be calculated for all individuals. To obtain the predicted mortality rate up to a given time for a hospital, it is then only necessary to average over the predicted probabilities of death of its patients to that time.

The analytical categories are useful for grouping the patients into relatively risk-homogeneous strata for the regressions. However, to gain insights into patterns of practice at hospitals, the data are presented for patients grouped into clinically meaningful medical and surgical categories. The 17 clinical categories used in the mortality tables and defined in Table 1 were identified by the Institute of Medicine as being of particular medical and epidemiologic interest.

ESTIMATION OF THE STANDARD DEVIATION FOR PREDICTED MORTALITY

The standard deviation of the predicted mortality rate is used to assess how statistically different the observed mortality rate is from the rate predicted by the national experience with like patients. The standard deviation depends, in fact, on the variance of the residual or the difference between the observed, $\hat{\Theta}$, and predicted, $\hat{\Theta}$, mortality rates.

The residual has four components V_1, V_2, V_3 , and V_4 where V_1 is the variance of the estimate of the predicted probability of death. This computationally intensive term was negligible for nearly all cases, compared to other components of variance. Consequently, this term was not included in the present analysis.

 V_2 is the binomial variance for n patients

$$V_2 = \frac{\widehat{\Theta} \left(1 - \widehat{\Theta} \right)}{n}.$$

 V_3 is the variation among hospitals not explained by the mortality regression models containing the patient characteristics described above.

$$V_3 = \widehat{\text{Var}(\Theta)} = (1 - \frac{1}{n}) \widehat{M_2(\Theta)}$$

where

$$\widehat{M_2(\Theta)} = \left\{ \begin{pmatrix} \text{Predicted mortality} \\ \text{on basis of} \\ \text{patient characteristics and} \\ \text{adjustment for hospital effects} \end{pmatrix} - \left\{ \begin{pmatrix} \text{Predicted mortality} \\ \text{on basis of} \\ \text{patient characteristics,} \\ \text{but omitting the hospital specific effects} \end{pmatrix} \right\}^2 \left\{ \frac{1}{z_p^2} \right\}$$

The quantity z_p corresponds to the statistical significance (p-value) of the hospital-specific effect.

 V_4 is the variation not explained by the mortality regression models which each include, in addition, an indicator variable for the hospital:

$$V_4 = \left\{ \text{(Observed mortality)} - \left\{ \begin{array}{c} \text{Predicted mortality} \\ \text{on basis of} \\ \text{patient characteristics, and} \\ \text{adjustment for the hospital specific effects} \end{array} \right\}^2.$$

(The regression coefficients of the indicator variable for the hospital are a measure of the influence on the probability of patient death of factors not otherwise specified in the model. These factors include severity of illness not adequately reported on by the patient characteristics deduced from the claims data and the hospital's pattern of practice; i.e., performance.)

The standard deviation given in the mortality tables is just

$$SD = \sqrt{V_2 + V_3 + V_4}.$$

STANDARDIZED MORTALITY RATIO (SMR)

Another method of evaluating a hospital's performance—the Standardized Mortality Ratio (SMR)—is obtained by dividing the observed mortality rate by the predicted mortality rate. An SMR of one means the observed and predicted mortality are equal. A ratio greater than one means the observed mortality exceeds the predicted. A ratio less than one means the observed mortality is less than expected. The more extreme the ratio (significantly greater than one indicating unusually high mortality and significantly less than one indicating unusually low mortality), the greater the attention which should be paid to the results of this mortality report.

For each of the conditions and procedures, selected percentiles for the observed distribution of the SMR are displayed in Table 4. The selected percentiles provide benchmarks for comparison. For example, for a hospital

with 300 cases in the "All Causes" category, with observed mortality of 12.2 percent and predicted probability of 10.0 percent at 30 days, the standardized mortality ratio is

SMR = 12.2/10.0 = 1.22.

Note that an SMR of one means the observed and predicted mortality are equal, while a ratio greater than one means the observed mortality exceeds the predicted, and a ratio less than one means the observed mortality is less than expected. There will be greater interest in the more extreme ratios, either greater than one — excessively high mortality — or less than one — extremely low mortality.

From Table 4 for FY 1990, we find that the ratio is just below the 75th percentile of 1.23. Hence, slightly under 75 percent of the hospitals have an SMR less than that found at this hospital.

However, for a hospital with 900 cases in the "All Causes" category, with observed mortality of 19.3 percent and predicted probability of 10.0 percent at 30 days, the standardized mortality ratio is

SMR = 19.3/10.0 = 1.93.

Since the SMR of 1.93 is greater than the 97.5 percentile of 1.35 (Table 4 for 750 or more cases), there is cause for concern. To further assess this, we examine the displayed data in terms of the measure of uncertainty, the standard deviation.

MEASURES OF UNCERTAINTY

In principle, to use the standard normal approximations to determine prediction intervals, an adjustment must be applied for the skewness and kurtosis inherent in a mortality rate when the rate is considerably less than 50 percent and the number of cases is small. Table 5 presents the multiplicative factors, based on the binomial distribution, for the standard deviation needed to construct prediction intervals for the mortality rates at confidence levels of 75, 95 and 99 percent. Because of the approximations involved in the estimation of the skewness and kurtosis corrections, their precision decreases as the number of cases and the mortality rate decrease; i.e., as the value of the correction increases. In addition, because of simplifications and approximations in the estimation of the standard deviation, the precision of the multiplicative factors given in Table 5 exceeds the precision of the estimate of the standard deviation. Hence, the following rule-of-thumb represents an adequate approximation to the factors in Table 5 and an adequate guide to the statistical meaningfulness of the difference between the observed and the predicted mortality rates.

To illustrate the use of Table 5, consider a hospital with 75 cases and a predicted mortality of 13.0 percent with a standard deviation of 5.0 percent. Overall, for hospitals with patients with characteristics similar to those of this hospital, we would expect the actual or observed mortality rate to lie, 95 percent of the time, either between 13.0 percent and 22.9 percent if the actual is larger than the predicted, or between 3.3 percent and 13.0 percent if the actual is less than the predicted. That is because 22.9 percent = 13.0 percent + 1.98 x 5.0 percent, the factor 1.98 having been read from the section of Table 5 with the heading "95 Percent Prediction Interval" and "Factor for Upper Bound," the "10 percent" and the "20 percent" predicted mortality rate columns. Similarly, 3.3 percent = 13.0 percent - 1.94 x 5.0 percent, the factor -1.94 having been read from the section of Table 5 with the heading "95 Percent Prediction Interval" and "Factor for Lower Bound" and the corresponding row and columns.

Therefore, in comparing the actual and predicted rates, more attention should be given to the hospital whose observed mortality rate lies beyond the bounds calculated for the 99 percent prediction interval than to the hospital whose observed mortality rate lies only beyond the bounds calculated for the 95 percent prediction interval. Likewise, more attention should be given to that hospital than to the hospital whose observed mortality rate lies only beyond the bounds calculated for the 75 percent prediction interval.

For the graphs, the observed mortality and an approximate 95 percent prediction interval are displayed. The prediction interval has bounds at the predicted mortality plus 2 times the standard deviation and at the predicted minus 2 times the standard deviation.

In the mortality rate tables, the observed and predicted mortality rates and the standard deviation as a measure for statistical importance of the difference are displayed for the overall and each of the conditions and procedures.

HOW TO OBTAIN MEDICARE HOSPITAL INFORMATION

The publication has been widely distributed to State health organizations and hospital and medical associations. The publication is available to the public for purchase in 55 volumes, with each volume being sold separately through the Government Printing Office (GPO). More detailed information about the purchase of this publication may be obtained by contacting:

Superintendent of Documents Government Printing Office Washington, D.C. 20402 Telephone: (202) 783-3238

As in prior years, the information appearing in the Medicare Hospital Information report is available in machine-readable/electronic format (tape and diskette). The Medicare Hospital Information public use file provides the published information as contained in the 55-volume hardcopy publication, except that the AHA's hospital characteristics are not on this file. Hospital characteristics from HCFA files (OSCAR) are provided instead. The files contain additional information which is useful for supplemental analyses: averages by hospital, MSA, and State for each of the variables used in the model, mortality rates for 15, 30, 60, 90 and 180 days, and cross-reference files which relate State, MSA, and ICD-9-CM codes used to a name. These data should allow analysts to assess an individual hospital's performance in comparison to all hospitals in the State or applicable MSA.

Also available to hospitals in machine-readable format is their patient-specific data that were used in the report. These data include the patient variables used in the analysis (e.g., the number and severity level of prior hospitalizations considered by the methodology, admission source and type, etc.) and the predicted probability of death at each time interval for each individual included in the study. With these data it is possible for hospitals to better understand their statistics. Due to confidentiality considerations, requests for patient-specific data must be forwarded on hospital letterhead, must include the institution's Medicare provider number, and must be signed by the hospital administrator.

For information about obtaining Medicare Hospital Information electronic media data, please contact HCFA's Bureau of Data Management and Strategy at:

Health Care Financing Administration
Bureau of Data Management and Strategy
Office of Statistics and Data Management
3-A-10 Security Office Park Building
6325 Security Boulevard
Baltimore, Maryland 21207
Telephone: (410) 597-5151

Table 1

DIAGNOSTIC AND PROCEDURE CATEGORIES

The following lists the ICD-9-CM diagnostic and procedure codes used to classify and group patients for presentation

CONDITION/PROCEDURE

ICD-9-CM CODES
(D)=Diagnosis code
(P)=Procedure code

Heart Disorders/Procedures

Acute Myocardial Infarction (AMI)

All of 410 (D) (on 10/1/89 exclude 410 with 5th digit of a 2)

Note: For code 410 a 5th digit was added on October 1, 1989.

Congestive Heart Failure (CHF)

398.91, 402.01, 402.11, 402.91, 428.0, 428.1, 428.9 (all D)

Angioplasty (ANGPLSTY)

All of 36.0 (P) excluding 36.00, 36.03, 36.04, 36.09 (all P)

Note:

Code 36.0 had a 4th digit added on October 1, 1986. Code 36.0 got digits of 0, 1, 2, 3, and 9, and code 36.04 got some previously coded cases of 39.97. On October 1, 1987, code 36.01 was divided into 36.01 and 36.05, and some cases from 36.02 were put into 36.05.

Coronary Artery Bypass Graft (CABG)

All of 36.1(P) and not Angioplasty (see above)

Pacemaker Insertion, Initial (PACE)

37.73, 37.74, 37.75, 37.77 (after 10/1/87 use 37.70 through 37.73) (all P)

Note:

Code 37.70 was restructured on October 1, 1987. Previously the code contained both leads and devices. On October 1 these were separated and devices were coded as 37.80 through 37.83, and codes for the leads were changed into various 37.70 codes.

CONDITION/PROCEDURE

ICD-9-CM CODES (D)=Diagnosis code

(P)=Procedure code

Pulmonary Disorders

Pneumonia/Influenza

(PNU)

All of 480, all of 481, 482.2, 482.3,

482.9, 483, 485, 486, 487.0 (all D)

Chronic Obstructive Pulmonary

(COPD)

All of 491, all of 492, all of 494, Disease all of 496; and 466.0, 518.82, 518.5, and 786.09 when there is a secondary

diagnosis of any 496 (all D)

Note:

Code 518.8 got a 5th digit on October l, 1987. Some cases from 799.1 were put into codes 518.81 and

518.82.

Cerebrovascular Disorders/Procedures

Transient Cerebral Ischemia

(TCI)

433.1, 433.3, 435 (D) and exclude those patients with an endarterectomy at the

time of admission—38.12(P)

Stroke (STK)

431, 434 through 434.9, 436 (all D)

Carotid Endarterectomy

(ENDART)

38.12 (P) with 433.1 (D); 433.3 (D) or

435(D) as a principal diagnosis

Musculoskeletal Disorders/Procedures

Fracture of Neck of Femur

(FXHIP)

All of 820 (D)

Hip Replacement/Revision

(HIPREP)

81.5, 81.6 (exclude 81.69) (all P). On 10/1/89 code 81.51 (P) through 81.53 (P) with same diagnoses.

Open Reduction of Fractured Femur

(OPRDUX)

79.35(P) on condition of 820 (D) as principal diagnosis

CONDITION/PROCEDURE

ICD-9-CM CODES

(D)=Diagnosis code (P)=Procedure code

Genitourinary Disorders/Procedures

Prostatectomy

60.2, 60.3 through 60.69 (all P)

(PROS)

Hysterectomy

68.3 through 68.7 (P)

(HYS)

Gastrointestinal Disorders/Procedures

Cholecystectomy (CHOLOTMY)

51.22 (P)

Sepsis

Sepsis

003.1, 020.2, 022.3, 036.2, 036.3, 036.89, 036.9, 038.0, 038.1, 038.2, 038.3, 038.40, 038.41, 038.42, 038.43, 038.44, 038.49, 038.8, 038.9, 054.5

Table 2

COMORBIDITY CONDITIONS (all are D codes)

COMORBIDITY	ICD-9-CM CODES
Cancer	141-160.9, 162-172.9, 174-208.91
Chronic cardiovascular disease	412-414.9, 426-429.1
Chronic liver disease	571-572.8
Chronic renal disease	582-583.9, 585-587, 403.01, 403.11, 403.91, 404.02, 404.03, 404.12, 404.13, 404.92, 404.93
Chronic diabetes	250.01, 250.1-250.91
Chronic pulmonary disease	491-493.91, 496
Cerebrovascular degeneration	290-290.9, 294-299.9

Table 3

EXPLANATORY VARIABLES FOR THE MORTALITY MODEL

Generally the same variables are used for all diagnostic categories.

Demographics

SXFM

An indicator variable: = 1 if Female, 0 otherwise

AGEFM = AGESP if SXFM = 1, 0 otherwise AGEML = AGESP if SXFM = 0, 0 otherwise

where

AGESP = sign (W-65)
$$\left(\frac{W-65}{65} \right)^{1.44}$$

and

$$W = \begin{cases} 23 \text{ if AGE} \le 23 \\ AGE \text{ if } 23 < AGE < 100 \\ 100 \text{ if } 100 \le AGE \end{cases}$$

Comorbidities

ICD-9-CM Codes

(Indicator variables = 1 if comorbidity present on current or prior admission with discharge within 6 months prior to current admission, 0 otherwise)

CCA	Cancer	141-160.9, 162-172.9, 174- 208.91
CCV CLV	Chronic cardiovascular disease Chronic liver disease	412-414.9, 426-429.1 571-572.8
CRN	Chronic renal disease	582-583.9, 585-587, 403.01, 403.11, 403.91, 404.02, 404.03, 404.12, 404.13, 404.92, 404.93
CDI COP CCE	Chronic diabetes Chronic pulmonary disease Cerebrovascular degeneration	250.01, 250.1-250.91 491-493.91, 496 290-290.9, 294-299.9

Co Occurrence of Comorbidities

COP_CCV	1 if $COP = 1$ and $CCV = 1$, 0 otherwise
CCA_CCV	1 if $CCA = 1$ and $CCV = 1$, 0 otherwise
COP CCA	1 if $COP = 1$ and $CCA = 1$, 0 otherwise
CCE_CCV	1 if $CCE = 1$ and $CCV = 1$, 0 otherwise
CRN_CCV	1 if $CRN = 1$ and $CCV = 1$, 0 otherwise

Admission Sources and Types

(Indicator variables = 1 if source or type present, 0 otherwise)

PREF	Patient referred by personal or HMO physician
TRSNF	Patient transferred from skilled nursing facility
ELCT	Patient admitted for elective procedure
CMDC	Datient admitted for emergency

EMRG Patient admitted for emergency

Co-Occurrence of Admission Source and Type

PREF_ELEC = 1 if PREF = 1 and ELCT = 1, 0 otherwise

Previous Hospitalizations

P_RISK1	Number at 1st risk level with 3 or more set to 3
P_RISK2	Number at 2nd risk level with 3 or more set to 3
P_RISK3	Number at 3rd risk level with 3 or more set to 3
P_RISK4	Number at 4th risk level with 4 or more set to 4
P_RISK5	Number at 5th risk level with 3 or more set to 3
F(T)	Probability of death from previous admission if discharge within 182 days of current admission, 0 otherwise

Time Trend

FLAG89	1 if discharge in FY1989, 0 otherwise
FLAG90	1 if discharge in FY1990, 0 otherwise
INYEAR	Difference between current admission date and April 1 of fiscal year of discharge

TABLE 4 SMR DISTRIBUTION FOR HOSPITALS WITH GREATER THAN 50 CASES 1990 STUDY, FY1990

	NUMBER		30					06	S		!	1 1 1	18	AYS	 	1 1
CONDITIONS/PROCEDURES H	OF HOSPITALS	2.5%	25% 50%	1	6 %52	7.5%	2.5%	25%	20%	75% 9	97.5%		1	20 -	%	~ -
OVERALL(< 750 CASES)	2645	0.45	0.88	1.04	1.23	1.72	0.56	06.0	1.03	1.17	1.54	0.61	06.0	1.02	1.15	1.46
>= 750 CASES	2684	0.73	0.91	0.99	1.09	1.35	0.79	96.0	1.01	1.09	1.28	0.82	0.94	1.01	1.08	1.24
ONDITION																
AMI	1405	0.54	0.80	0.95	1.11	1.42	0.62	0.86	0.99	1.14	1.44	0.63	0.86	0.99	1.13	1.39
CHF	2335	0.43	0.79	0.98	1.17	1.64	09.0	0.85	0.99	1.13	1.49	99.0	0.89	1.00	1.13	1.41
PNEUMONIA/INFLUENZA	2428	0.41	0.78	0.97	1.18	1.68	0.53	0.84	1.00	1.17	1.55	0.57	0.86	1.01	1.16	1.50
COPD	435	0.00	0.63	76.0	1.34	5.06	0.30	0.78	1.02	1.26	1.74	0.40	0.82	1.01	1.24	1.69
TRANS. CEREBRAL ISCHEMIA	707 V	00.00	00.00	0.83	1.34	3.20	00.00	0.48	0.85	1.31	2.27	0.21	09.0	06.0	1.21	2.05
STROKE	1789	0.53	0.79	0.95	1.13	1.56	0.61	0.84	0.98	1.13	1.47	0.65	0.87	0.99	1.12	1.42
HIP FRACTURE	1199	0.21	0.67	0.93	1.27	2.10	0.40	0.76	96.0	1.19	1.80	0.47	0.78	0.97	1.16	1.64
SEPSIS	254	0.51	0.79	0.96	1.12	1.50	0.65	0.86	0.99	1.13	1.47	0.69	0.89	1.01	1.15	1.44
PROCEDURES									('	i	ć	,	0	72	
	425	00.00	0.49	0.89	1.33	5.66	0.00	0.60	0.93	1.36	2.34	0.00	0.03	0.90	1.54	4
CABG	556	0.20	0.68	1.03	1.39	2.45	0.28	0.73	1.00	1.32	2.09	0.28	0.73	1.01	1.30	2.10
PACEMAKER	112	00.00	0.41	0.72	1.37	3.25	0.20	0.61	06.0	1.21	2.17	0.21	0.65	0.84	1.16	1.87
CAROTID ENDARTERECTOMY	73	00.00	0.00	0.85	1.33	2.90	0.00	0.14	0.74	1.28	2.43	0.00	0.42	0.86	1.38	2.86
HIP REPLACEMENT	763	00.00	0.53	0.94	1.44	2.77	0.19	0.67	96.0	1.31	2.12	0.26	0.71	96.0	1.26	1.91
REDUCT. OF HIP FRACTURE	276	00.00	0.56	0.86	1.22	2.05	0.31	0.68	0.92	1.19	1.76	0.38	0.77	96.0	1.12	1.58
PROSTATECTOMY	1576	00.00	00.00	0.73	1.57	3.56	00.00	0.49	0.91	1.40	2.63	00.00	0.57	0.92	1.29	2.21
CHOLECYSTECTOMY	714	00.00	0.49	0.95	1.54	2.68	0.00	0.62	0.93	1.37	2.22	0.22	0.67	0.98	1.27	1.93
HYSTERECTOMY	113	0.00	0.00	00.00	2.00	69.9	00.00	0.00	0.76	1.70	3.59	0.00	0.24	0.75	1.27	2.91

TABLE 4
SMR DISTRIBUTION FOR HOSPITALS WITH GREATER THAN 50 CASES
1990 STUDY, FY1989

Z	NUMBER		30	DAYS				06	AYS			 	18	O DAYS	1	
ONDITIONS/PROCEDURES	OF HOSPITALS	2 . 5 . 1	25%	50%	75%	97.5%	2.5%	1 2 1	50%	75% 9	97.5%	1		, , ,	5%	_
I [1	I I														
OVERALL(< 750 CASES)	2746	0.50	0.87	1.04	1.23	1.73	0.58	0.89	1.03	1.17	1.54	0.61	0.89	1.01	1.14	1.44
OVERALL(>= 750 CASES)	2669	0.71	06.0	1.00	1.09	1.35	0.79	96.0	1.01	1.08	1.28	0.82	0.95	1.01	1.07	1.24
CONDITIONS																
AMI	1412	0.53	0.81	96.0	1.12	1.47	0.59	0.86	1.01	1.15	1.47	0.63	0.87	1.00	1.14	1.43
CHF	2293	0.47	0.80	76.0	1.18	1.69	0.58	0.86	1.00	1.14	1.48	0.66	0.89	1.02	1.14	1.40
PNEUMONIA/INFLUENZA	2179	0.45	0.77	26.0	1.19	1.67	0.54	0.85	1.01	1.18	1.55	09.0	0.86	1.02	1.18	1.51
COPD	324	0.21	0.68	0.99	1.32	2.13	0.44	0.78	1.04	1.27	1.91	0.49	0.84	1.04	1.24	1.66
TRANS CEREBRAL ISCHEMIA	420	0.00	0.00	0.79	1.41	3.26	00.00	97.0	0.88	1.33	2.36	0.18	09.0	0.92	1.25	1.97
ш	1728	0.53	0.80	0.95	1.12	1.56	0.62	0.85	0.97	1.11	1.46	0.67	0.88	0.99	1.13	1.40
HIP FRACTURE	1126	0.24	0.67	0.95	1.30	2.04	0.39	0.75	0.98	1.21	1.71	0.46	0.78	0.97	1.18	1.59
SEPSIS	174	0.52	0.79	0.94	1.10	1.52	0.63	0.88	1.02	1.15	1.46	0.68	0.93	1.05	1.16	1.43
PROCEDURES																
ANGIOPLASTY	370	0.00	0.46	0.84	1.35	2.55	0.00	0.55	0.88	1.33	2.52	00.00	0.61	0.94	1.32	5.44
CABG	501	0.21	0.65	1.00	1.47	2.57	0.23	0.69	1.00	1.33	2.29	0.32	0.74	1.01	1.33	2.21
PACEMAKER	91	0.00	0.52	0.74	1.12	2.31	0.00	0.56	0.83	1.15	2.14	0.20	0.68	0.81	1.16	1.87
CAROTID ENDARTERECTOMY	55	0.00	0.00	0.82	1.51	5.01	0.00	0.47	0.86	1.31	4.00	0.00	0.43	0.85	1.28	3.12
	989	0.00	0.52	0.92	1.44	2.46	0.00	0.65	0.94	1.27	1.95	0.21	0.67	0.94	1.19	1.75
	246	0.19	0.57	0.91	1.23	1.96	0.31	0.71	0.96	1.19	1.74	0.41	0.78	0.96	1.13	1.53
ECTO	1570	0.00	0.00	0.67	1.50	3.46	00.0	0.47	0.86	1.36	2.67	0.00	0.58	0.93	1.28	2.15
CHOLECYSTECTOMY	680	0.00	0.53	0.94	1.53	2.90	00.00	0.62	0.97	1.36	2.15	0.22	0.66	0.95	1.26	1.98
HYSTERECTOMY	101	0.00	0.00	0.00	1.80	5.44	00.00	00.0	0.78	1.60	4.21	0.00	00.00	0.91	1.38	2.99

TABLE 4 SMR DISTRIBUTION FOR HOSPITALS WITH GREATER THAN 50 CASES 1990 STUDY, FY1988

N	NUMBER		30	S				9.0	50	1		 	18	DAYS	- 1	1
CONDITIONS/PROCEDURES HO	OF HOSPITALS	2.5%	25%		6 222	7.5%	2.5%		20%		97.5%		1	% I	5%	7.5%
FRALL	2838	0.46	0.89	1.05	1.23	1.75	0.54	06.0	1.03	1.16	1.57	0.59	06.0	1.02	1.14	1.45
>= 750 CASES	2693	0.73	06.0	1.00	1.10	1.35	0.79	0.94	1.01	1.09	1.27	0.82	0.95	1.01	1.08	1.24
CONDITIONS	1414	0.56	0.82	0.96	1.12	1.41	0.63	0.87	1.01	1.14	1.42	0.65	0.89	1.00	.1.	1.39
CHF	2246	0.45	0.79	0.97	1.18	1.61	09.0	0.86	1.00	1.14	1.43	0.68	06.0	1.02	1.13	1.37
PNEUMONIA/INFLUENZA	2069	0.44	0.79	0.97	1.17	1.68	0.57	0.85	1.01	1.17	1.59	0.61	0.87	1.01	1.16	1.53
COPD	310	0.21	0.67	0.92	1.30	2.17	0.39	0.79	0.98	1.20	1.81	0.51	0.82	0.99	1.19	1.59
TRANS. CEREBRAL ISCHEMIA	495	0.00	00.00	0.84	1.48	2.94	00.0	0.48	0.92	1.39	2.28	0.21	09.0	0.92	1.27	1.92
STROKE	1726	0.51	0.79	0.95	1.12	1.56	09.0	0.84	0.98	1.13	1.44	0.64	0.88	1.00	1.13	1.42
HIP FRACTURE	1119	0.24	0.65	96.0	1.27	2.07	07.0	0.78	0.98	1.21	1.77	0.47	0.80	0.98	1.17	1.64
SEPSIS	133	0.58	0.77	0.92	1.08	1.64	0.56	0.86	1.00	1.13	1.54	0.67	0.88	1.02	1.14	1.53
PROCEDURES																
ANG IOPLASTY	297	0.00	0.50	0.87	1.35	2.60	00.0	0.59	0.91	1.34	2.50	0.00	0.65	0.95	1.31	2.25
CABG	827	0.21	0.68	0.98	1.39	2.40	0.32	0.73	1.00	1.36	2.12	0.38	0.75	1.01	1.31	2.04
PACEMAKER	83	00.00	0.34	0.65	1.04	1.75	0.01	0.54	0.85	1.03	1.70	0.23	0.69	0.87	1.10	1.57
CAROTID ENDARTERECTOMY	69	0.00	0.00	09.0	1.23	3.30	00.00	0.33	0.62	1.09	2.50	0.00	0.44	0.68	1.16	1.87
HIP REPLACEMENT	670	0.00	0.49	0.95	1.40	2.65	00.00	99.0	1.01	1.31	2.15	0.24	0.70	0.96	1.24	1.87
REDUCT. OF HIP FRACTURE	259	0.00	0.61	0.91	1.26	2.16	0.38	0.74	96.0	1.21	1.94	0.44	0.77	96.0	1.16	1.79
PROSTATECTOMY	1619	0.00	0.00	0.78	1.53	3.69	0.00	0.54	0.92	1.39	2.57	0.00	0.61	0.93	1.30	2.21
CHOLECYSTECTOMY	642	0.00	0.50	0.96	1.44	3.04	00.0	0.61	96.0	1.36	2.26	0.25	0.66	96.0	1.27	2.01
HYSTERECTOMY	06	0.00	0.00	00.00	1.57	5.00	0.00	0.00	0.68	1.43	2.83	0.00	0.28	0.67	1.15	. 00

TABLE 5: MULTIPLICATIVE FACTORS FOR THE CALCULATION OF THE BOUNDS FOR PREDICTION INTERVALS

(n is the number of cases at your hospital and p is the predicted mortality rate)

	8	99% Prediction Interval	ction Inte	rval		36	% Predic	95% Prediction Interval	rval		75	% Predic	75% Prediction Interval	rval	
l		Factor for Upper Bound	Upper Bo	pun		Ÿ	actor for	Factor for Upper Bound	pun		Fa	ctor for [Factor for Upper Bound	pun	
۵	1%	5%	10%	20%	40%	1%	2%	10%	20%	40%	1%	2%	10%	20%	40%
n 26	206	273	2.68	2.63	2.59	2.15	2.04	2.01	1.99	1.97	1.17	1.16	1.16	1.15	1.15
C C	27.6	2,65	2.63	2.60	2.58	2.05	2.00	1.99	1.97	1.96	1.16	1.15	1.15	1.15	1.15
0 K	2.70	2.63	2.61	2.59	2.58	2.02	1.99	1.98	1.97	1.96	1.16	1.15	1.15	1.15	1.15
100	2.67	2.61	2.60	2.59	2.58	2.01	1.98	1.97	1.97	1.96	1.16	1.15	1.15	1.15	1.15
150	2.64	2.60	2.59	2.59	2.58	1.99	1.97	1.97	1.96	1.96	1.15	1.15	1.15	1.15	51.15
200	2.62	2.60	2.59	2.58	2.58	1.98	1.97	1.97	1.96	1.96	1.15	1.15	1.15	1.15	SI:1
300	2.61	2.59	2.58	2.58	2.58	1.98	1.97	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
400	2.60	2.59	2.58	2.58	2.58	1.97	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
200	2.59	2.58	2.58	2.58	2.58	1.97	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
750	2 50	2.58	2.58	2.58	2.58	1.97	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
1000	2 50	2 58	2 58	2.58	2.58	1.98	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
2000	2 58	2 58	2 58	2.58	2.58	1.96	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
0000	0 20	2 50	2 48	2 58	2 58	8	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
2000	66.7	7. 70	7.70	000		2									
		Factor for Lower Bound	Lower B	puno		Ĭ.	actor for	Factor for Lower Bound	puno		Ĕ	actor for	Factor for Lower Bound	pund	
							i	1	8	Š	*	104	100	2000	400%
Ь	1%	2%	10%	20%	40%	1%	2%	10%	%07	40 % %	170	n S	70 70	2 2	2
	6	,	9	7 57	25.0	177	-1 88	-101	-1.93	-1.95	-1.13	-1.14	-1.14	-1.15	-1.15
C7	177-	747-	04.7	70.7-	55.50	1 07	1 00	1 03	-1 95	-1.96	-1.14	-1.15	-1.15	-1.15	-1.15
20	-2.39	05.5	-2.33	7 56	15.2-	1 00	1 03	1 04	-1 95	-1.96	-1.14	-1.15	-1.15	-1.15	-1.15
2	-2.40	757-	-2.34 2 SS	06.2-	15.7-	101	-1 94	-1.95	-1.95	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
201	-2.40	+C.2-	75.0	0.7- 7.5.0	2 57	-1 93	-1 95	-1.95	-1.9	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
120	157-	256	2 56	15.5	75.0	-1.94	-1.95	-1.95	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
200	CC-7-	2 56	7.57	15.5	-2 57	-1.94	-1.95	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
200	+C-7-	75.0	75.7	75 6	75 6-	-195	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
201	7.56	757	75 6	75 6	-2.58	-1.95	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
000	06.2-	15.5	7 57	15.0	2 50	-1 95	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
1000	057-	15.0	75.0	15.2	2 58	-1.96	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
2000	75.0	75 6	12.7-	-2.58	-2.58	-1.96	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
2000	157	2 50	2 58	25.6	2 58	-1.96	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
2000	10.4-	007-	00.4-	2.70	00.4	> \ • •	,	: :	1						

Medicare Hospital Information

ADCARE HOSPITAL OF WORCESTER INC

107 LINCOLN ST WORCESTER, MA 01605 Medicare Provider Number: 220062

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				M	ORTALIT	YRATE	S (%)			
			30 DAY	S	9	0 DAYS	3	18	DAYS	
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	37	0.0	0.3		0.0	0.9		0.0	1.7	
CONDITIONS:										
Acute Myocardial Infarction	0									
Congestive Heart Failure	0									
Pneumonia/Influenza	0									
Chronic Obstructive Pulmonary Disease	0									
Transient Cerebral Ischemia	0									
Stroke	0									
Hip Fracture	0									
Sepsis	0									
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	. 0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	. 0									
Cholecystectomy	0									
Hysterectomy	. 0									

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES

No Graphs are presented when the standard deviation was not computed for one or more of the three fiscal years, (1988, 1989, or 1990)

ADCARE HOSPITAL OF WORCESTER INC Medicare Provider Number: 220062

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	46.1 years	Cancer	0.0 %
Proportion female		Chronic cardiovascular disease	5.4 %
DMISSION SOURCES/TYPES:		Chronic liver disease	2.7 %
Referred by personal or HMO physician	0.0 %	Chronic renal disease	0.0 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	0.0 %
Admitted for elective procedure	0.0 %	Cerebrovascular degeneration	8.1 %
Admitted for emergency	0.0 %	Diabetes mellitus	0.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

County/City 37.5% Hospital 71.4 Days State 57.1% State 10.1 Days Outside State 5.4% National 8.6 Days Total 100.0%	ORIGIN OF MEDICARE PATIENT ADMISSION		MEDICARE AVERAGE LENGTH OF STAY:	11.4 Days
Outside State	State	57.1%	State	10.1 Days
			National	0.0 Days

ROFILE:	SPECIALTY SERVICES:
Total Beds 114	Burn Unit No
Ownership/Control Private, For Profit	Coronary Care Unit No
Case Mix Index (CMI) 0.5593	Hospice Care No
TAFFING:	Intensive Care Unit No
Medical Residents/Interns 0	Organ Transplant No
Registered Nurses 21	Trauma Center No
Licensed Practical Nurses 12	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/Drug Yes
	Rehabilitation No
	PsychiatricYes
	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

ADDISON GILBERT HOSPITAL

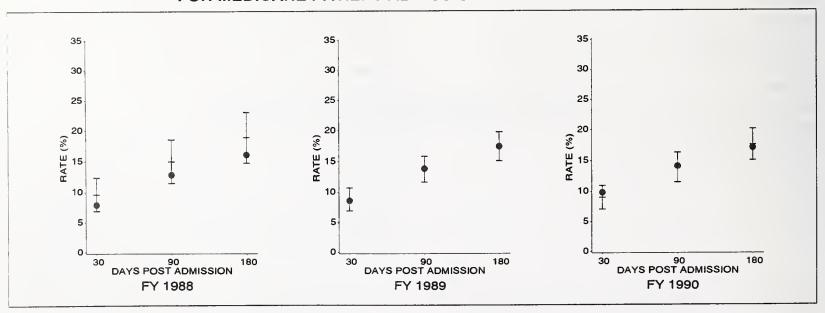
298 WASHINGTON ST GLOUCESTER, MA 01930 Medicare Provider Number: 220128

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	DRTALIT	Y RATE	S (%)			
		;	30 DAY	s	9	0 DAYS	•	18	0 DAYS	
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1058	9.8	9.0	1.0	14.1	13.9	1.2	17.1	17.6	1.3
CONDITIONS:										
Acute Myocardial Infarction	38	34.2	22.9		42.1	25.7		44.7	28.3	
Congestive Heart Failure	61	16.4	15.7	4.7	24.6	24.8	5.8	32.8	31.6	6.1
Pneumonia/Influenza	78	6.4	14.4	6.0	15.4	20.0	6.6	16.7	23.9	6.0
Chronic Obstructive Pulmonary Disease	32	6.3	5.1		9.4	9.9		12.5	14.1	
Transient Cerebral Ischemia	19	0.0	2.4		0.0	5.3		0.0	8.3	
Stroke	37	27.0	17.9		32.4	24.6		35.1	28.3	
Hip Fracture	31	0.0	6.7		9.7	12.5		19.4	16.5	
Sepsis	14	21.4	23.5		21.4	32.3		21.4	37.3	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	7	0.0	2.5		14.3	4.7		14.3	7.0	
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	17	0.0	5.8		0.0	11.4		11.8	15.5	
Open Reduction of Hip Fracture	9	0.0	8.6		33.3	15.6		33.3	20.2	
Prostatectomy	33	0.0	0.6		0.0	1.5		3.0	2.6	
Cholecystectomy	14	0.0	2.6		0.0	4.9		0.0	6.2	
Hysterectomy	6	0.0	0.4		0.0	1.0		0.0	1.7	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



ADDISON GILBERT HOSPITAL Medicare Provider Number: 220128

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	77.3 years	Cancer	7.6 %
Proportion female	60.6 %	Chronic cardiovascular disease	42.2 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.4 %
Referred by personal or HMO physician	25.0 %	Chronic renal disease	1.2 %
Transferred from skilled nursing facility		Chronic pulmonary disease	22.1 %
Admitted for elective procedure		Cerebrovascular degeneration	5.0 %
Admitted for emergency		Diabetes mellitus	6.3 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	94.4%	Hospital	9.2 Days
State	0.00/	State	10.1 Days
Outside State	2.8%	National	8.6 Days
Total	100.0%		

ROFILE:	SPECIALTY SERVICES:
Total Beds 111	Burn Unit No
Occupancy Rate 76.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric Yes
Medicare Discharges	Hospice Care No
Case Mix Index (CMI) 1.1221	Medical/Surgical Intensive Care Yes
TAFFING:	Organ/Tissue Transplant No
Total Number of Physicians55	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns 0	Alcohol/DrugNo
Registered Nurses 120	RehabilitationNo
Licensed Practical Nurses	Psychiatric Ye
	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

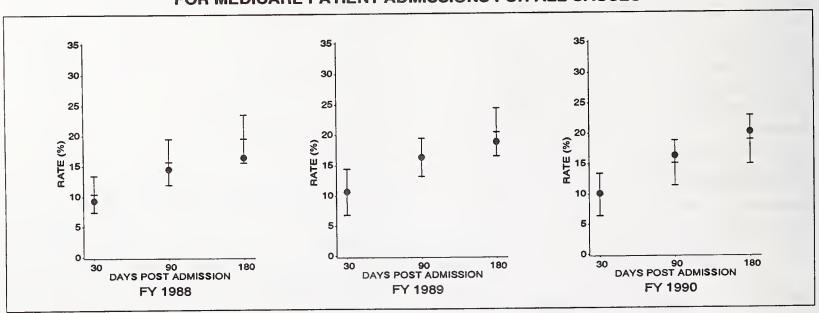
AMESBURY HOSPITAL
24 MORRILL PLACE
AMESBURY, MA 01913
Medicare Provider Number: 220131

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

			MC	RTALITY	RATE	S (%)			
	3	O DAY	S	90	DAYS		180	DAYS	
NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
564	10.1	9.9	1.8	16.3	15.1	1.9	20.2	18.9	2.0
17	23.5	23.0		23.5	26.3		23.5	29.2	
35	17.1	16.0	••••	28.6	25.5		40.0	32.3	
44	20.5	19.2		27.3	26.0		31.8	30.5	
11	0.0	4.1		0.0	7.6		0.0	10.8	
10	0.0	2.8		0.0	6.2		0.0	9.6	
16	18.8	19.4		18.8	26.1		31.3	29.9	
22	9.1	8.7		22.7	15.3		27.3	19.8	
4	50.0	30.5		50.0	36.1		50.0	40.0	
0									
0									
4	25.0	3.6		25.0	7.3		25.0	10.4	
. 0									
3	33.3	7.4		33.3	13.4		33.3	17.0	
16	6.3	7.1		12.5	12.9		12.5	17.2	
. 10	0.0	1.4		0.0	2.7		10.0	4.4	
8	0.0	2.1		0.0	4.1	*****	0.0	5.4	
. 0									
	0F CASES 564 17 35 44 11 10 16 22 4 0 0 4 0 3 16 10 8	NUMBER OF CASES OBS 564 10.1 17 23.5 35 17.1 44 20.5 11 0.0 10 0.0 16 18.8 22 9.1 4 50.0 0 0 4 25.0 0 3 33.3 16 6.3 10 0.0 8 0.0	NUMBER OF CASES OBS PRED 564 10.1 9.9 17 23.5 23.0 35 17.1 16.0 44 20.5 19.2 11 0.0 4.1 10 0.0 2.8 16 18.8 19.4 22 9.1 8.7 4 50.0 30.5 0 0 3.6 0 3 33.3 7.4 16 6.3 7.1 10 0.0 1.4 8 0.0 2.1	NUMBER OF CASES OBS PRED SD* 564 10.1 9.9 1.8 17 23.5 23.0 35 17.1 16.0 44 20.5 19.2 10 0.0 2.8 16 18.8 19.4 22 9.1 8.7 4 50.0 30.5 0 0 3 33.3 7.4 16 6.3 7.1 10 0.0 1.4 10 0.0 1.4 8 0.0 2.1	NUMBER OF CASES OBS PRED SD* OBS 564 10.1 9.9 1.8 16.3 17 23.5 23.0 23.5 35 17.1 16.0 28.6 44 20.5 19.2 27.3 11 0.0 4.1 0.0 10 0.0 2.8 0.0 16 18.8 19.4 18.8 22 9.1 8.7 22.7 4 50.0 30.5 50.0 0 25.0 0 33.3 16 6.3 7.1 33.3 16 6.3 7.1 12.5 10 0.0 1.4 0.0 8 0.0 2.1 0.0	NUMBER OF CASES OBS PRED SD* OBS PRED 564 10.1 9.9 1.8 16.3 15.1 17 23.5 23.0 23.5 26.3 35 17.1 16.0 28.6 25.5 44 20.5 19.2 27.3 26.0 11 0.0 4.1 0.0 7.6 10 0.0 2.8 0.0 6.2 16 18.8 19.4 18.8 26.1 22 9.1 8.7 22.7 15.3 4 50.0 30.5 50.0 36.1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NUMBER OF CASES OBS PRED SD* OBS PRED SD* 564 10.1 9.9 1.8 16.3 15.1 1.9 17 23.5 23.0 23.5 26.3 35 17.1 16.0 28.6 25.5 44 20.5 19.2 27.3 26.0 11 0.0 4.1 0.0 7.6 10 0.0 2.8 0.0 6.2	NUMBER OF CASES OBS PRED SD* OBS PRED SD* OBS PRED SD* OBS PRED SD* OBS OBS PRED SD* OBS OBS PRED SD* OBS	NUMBER OF CASES OBS PRED SD* OBS SD* OBS PRED SD* OBS PRED SD* OBS PRED SD* OBS PRED SD* OBS PRE

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



AMESBURY HOSPITAL Medicare Provider Number: 220131

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	77.4 years	Cancer	6.2 %
Proportion female		Chronic cardiovascular disease	50.7 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.5 %
Referred by personal or HMO physician	49.6 %	Chronic renal disease	2.0 %
Transferred from skilled nursing facility		Chronic pulmonary disease	14.7 %
Admitted for elective procedure		Cerebrovascular degeneration	6.2 %
Admitted for emergency		Diabetes mellitus	8.5 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City State Outside State Total	87.8% 2.4% 9.8%	Hospital State National	10.1 Days

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 199	0
PROFILE: Total Beds 59 Occupancy Rate 71.0 % Ownership/Control Local Government Medicare Discharges 53.8 % Case Mix Index (CMI) 1.1297 STAFFING: 33 Percent of Physicians Board 33 Certified Specialists 93.9 % Medical Residents/Interns 0 Registered Nurses 51 Licensed Practical Nurses 20	SPECIALTY SERVICES: Burn Unit
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

ANNA JAQUES HOSPITAL

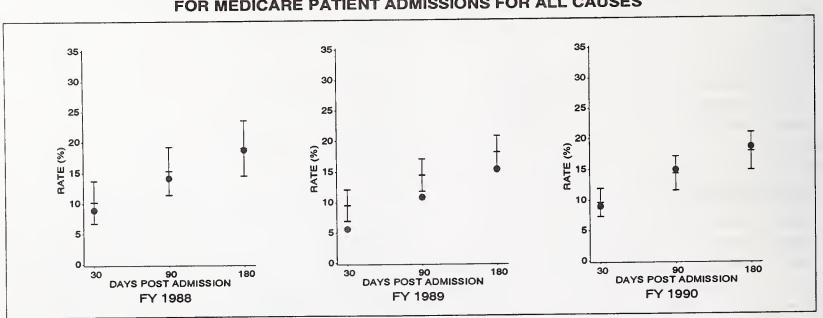
25 HIGHLAND AVE NEWBURYPORT, MA 01950 Medicare Provider Number: 220029

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				МС	RTALIT	Y RATE	S (%)			
		3	30 DAY	S	9	0 DAYS		1	BO DAYS	}
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	ОВ	PRED	SD*
ALL CAUSES	1084	9.0	9.6	1.2	14.9	14.3	1.4	18.6	17.9	1.5
CONDITIONS:										
Acute Myocardial Infarction	48	22.9	24.3		31.2	27.9		39.0	31.0	
Congestive Heart Fallure	73	16.4	14.8	7.5	27.4	23.7	6.5	30.	30.3	5.6
Pneumonia/Influenza	67	11.9	16.2	6.5	16.4	22.6	8.9	23.9	26.6	7.9
Chronic Obstructive Pulmonary Disease	20	15.0	6.6		25.0	10.9		30.0	14.8	
Transient Cerebral Ischemia	14	7.1	1.5		7.1	3.6		7.	6.0	
Stroke	43	16.3	21.6		27.9	28.5		30.:	2 32.5	
Hip Fracture	31	9.7	5.3	00-00	12.9	9.6		19.	4 12.8	
Sepsis	8	25.0	20.5		25.0	28.5		25.	0 33.5	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initlal Pacemaker Insertion	14	0.0	3.6		0.0	6.6		7.	1 9.6	
Carotid Endarterectomy	. 0									
Hip Replacement/Reconstruction	15	6.7	2.6		13.3	5.2		20.	0 7.3	
Open Reduction of Hip Fracture	. 19	10.5	4.5		10.5	8.5		15.	8 11.7	
Prostatectomy	. 29	0.0	0.8		0.0	1.8		3.	4 3.0	
Cholecystectomy	16	0.0	1.9		0.0	3.7		0.	0 5.5	
Hysterectomy	. 3	0.0	0.2		0.0	0.6		0.	0 1.1	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



ANNA JAQUES HOSPITAL

Medicare Provider Number: 220029

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.8 years	Cancer	8.2 %
Proportion female	58.2 %	Chronic cardiovascular disease	41.1 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.7 %
Referred by personal or HMO physician	37.7 %	Chronic renal disease	2.2 %
Transferred from skilled nursing facility		Chronic pulmonary disease	13.6 %
Admitted for elective procedure		Cerebrovascular degeneration	5.8 %
Admitted for emergency		Diabetes mellitus	7.2 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	83.6%	Hospital	9.8 Days
State	1.8%	State	10.1 Days
Outside State	14.6%	National	8.6 Days
Total	100.0%		

ROFILE:		SPECIALTY SERVICES:
Total Beds	156	Burn Unit No
Occupancy Rate	59.0 %	Cardiac Intensive Care No
Ownership.ControlPr	ivate, Non-Profit	Comprehensive Geriatric No
Medicare Discharges	33.7 %	Hospice Care No
Case Mix Index (CMI)	1.1244	Medical/Surgical Intensive Care Yes
TAFFING:		Organ/Tissue Transplant N
Total Number of Physicians	69	Other Intensive Care No.
Percent of Physicians Board Certified Specialists	P1 2 %	Trauma Center N
		OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns		Alcohol/DrugN
Registered Nurses		Rehabilitation N
Licensed Practical Nurses	24	Psychiatric Ye
		Medicare Swing Beds No

^{*} Not used in calculating mortality rates

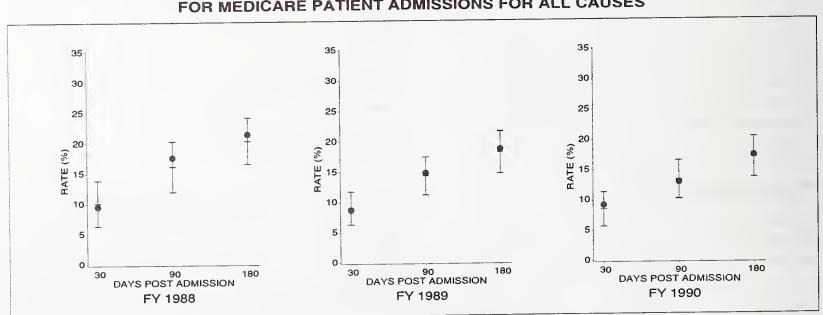
ATHOL MEMORIAL HOSPITAL
2033 MAIN STREET
ATHOL, MA 01331
Medicare Provider Number: 220003

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
		3	30 DAYS			90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	610	9.2	8.5	1.4	13.0	13.4	1.6	17.4	17.1	1.7	
CONDITIONS:											
Acute Myocardial Infarction	26	30.8	23.9		34.6	27.6		38.5	30.5		
Congestive Heart Failure	46	13.0	14.8		19.6	23.8		26.1	30.0		
Pneumonia/Influenza	29	20.7	12.7		20.7	18.0		24.1	22.3		
Chronic Obstructive Pulmonary Disease	6	16.7	9.1		16.7	17.0		16.7	23.3		
Transient Cerebral Ischemia	16	0.0	1.6		0.0	3.6		12.5	6.0		
Stroke	19	26.3	22.3		31.6	28.9		31.6	33.0		
Hip Fracture	16	6.3	7.3		18.8	13.4		43.8	17.6		
Sepsis	7	28.6	14.4		28.6	20.4		28.6	24.8		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	2	0.0	2.8		50.0	5.8		50.0	8.4		
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	3	33.3	5.8		33.3	10.4		66.7	13.4		
Open Reduction of Hip Fracture	11	0.0	5.9		9.1	11.5		27.3	15.5		
Prostatectomy	1	0.0	0.9		0.0	2.1		0.0	4.0		
Cholecystectomy	9	0.0	3.4		11.1	7.3		11.1	11.0		
Hysterectomy	. 1	0.0	0.1		0.0	0.2		0.0	0.3		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



ATHOL MEMORIAL HOSPITAL

Medicare Provider Number: 220003

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	77.0 years	Cancer	6.9 %
Proportion female	60.0 %	Chronic cardiovascular disease	33.0 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.8 %
Referred by personal or HMO physician	94.1 %	Chronic renal disease	1.1 %
Transferred from skilled nursing facility		Chronic pulmonary disease	15.9 %
Admitted for elective procedure		Cerebrovascular degeneration	6.6 %
Admitted for emergency		Diabetes mellitus	8.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	۷:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	68.4%	Hospital	8.5 Days
State	28.8%	State	10.1 Days
Outside State	2.8%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 199	90
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
Registered Nurses	RehabilitationNo PsychiatricNo
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

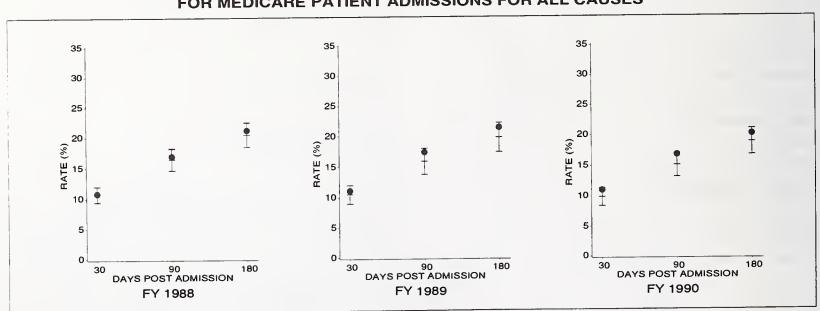
ATLANTICARE MEDICAL CENTER INC
500 LYNNFIELD STREET
LYNN, MA 01904
Medicare Provider Number: 220035

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				МС	ORTALIT	YRATE	S (%)			
		3	0 DAY	S	9	0 DAYS	3	180	0 DAYS	,
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2720	11.0	9.9	0.7	16.8	15.1	1.0	20.2	18.9	1.1
CONDITIONS:										
Acute Myocardial Infarction	131	18.3	24.7	5.3	26.7	28.6	5.6	30.5	31.7	4.3
Congestive Heart Failure	126	25.4	16.1	5.1	33.3	25.2	5.1	38.1	31.6	5.6
Pneumonia/Influenza	159	20.8	17.2	5.2	26.4	23.2	5.1	29.6	27.2	4.8
Chronic Obstructive Pulmonary Disease	46	8.7	8.0		17.4	13.9		21.7	18.5	
Transient Cerebral Ischemia	44	0.0	1.9		2.3	4.3		2.3	6.9	
Stroke	108	14.8	19.0	4.2	24.1	26.3	4.8	29.6	30.5	5.6
Hip Fracture	78	3.8	7.9	4.3	7.7	14.1	6.1	9.0	18.2	6.9
Sepsis	22	27.3	23.1		40.9	29.5		45.5	33.6	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	17	5.9	3.2		11.8	5.5		11.8	7.8	
Carotid Endarterectomy	. 15	0.0	1.4		0.0	2.7		0.0	4.1	
Hip Replacement/Reconstruction	35	0.0	3.2		2.9	5.9		2.9	7.9	
Open Reduction of Hip Fracture	. 52	5.8	7.0	4.0	9.6	13.1	6.4	9.6	17.6	8.5
Prostatectomy	. 63	3.2	1.1	2.2	4.8	2.6	2.7	6.3	4.3	3.1
Cholecystectomy	38	2.6	4.0		7.9	7.4		7.9	9.8	
Hysterectomy	. 12	0.0	0.8		0.0	1.8		0.0	2.9	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



ATLANTICARE MEDICAL CENTER INC Medicare Provider Number: 220035

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.6 years	Cancer	8.9 %
Proportion female	59.3 %	Chronic cardiovascular disease	40.0 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.6 %
Referred by personal or HMO physician	34.7 %	Chronic renal disease	2.7 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	17.6 %
Admitted for elective procedure	13.9 %	Cerebrovascular degeneration	5.7 %
Admitted for emergency	60.1 %	Diabetes mellitus	6.3 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N :	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	90.4%	Hospital	10.4 Days
State	7.9%	State	10.1 Days
Outside State	1.7%	National	8.6 Days
Total	100.0%		

HOSPITAL CHARACTERISTICS*

SOURCE: Health Care Financing Administration (OSCAR)**	- Survey Year 1990
PROFILE:	SPECIALTY SERVICES:
Total Beds 511	Burn Unit No
Ownership.Control Private, Non-Profit	Coronary Care UnitYes
Case Mix Index (CMI) 1.1799	Hospice Care No
STAFFING:	Intensive Care Unit Yes
Medical Residents/Interns5	Organ Transplant No
Registered Nurses	Trauma Center No
Licensed Practical Nurses	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugYes
	RehabilitationYes
	PsychiatricYes
	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

** Except for CMI

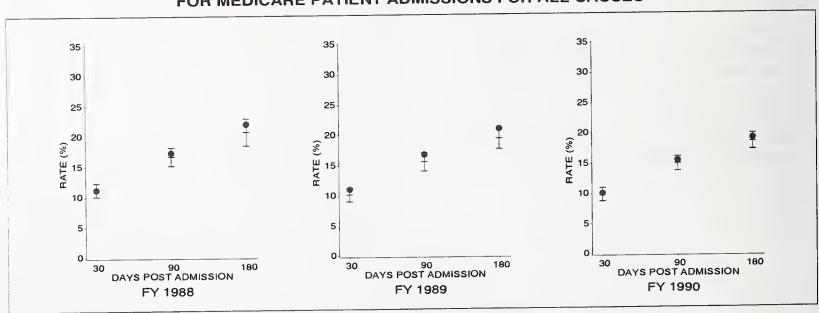
BAYSTATE MEDICAL CENTER
759 CHESTNUT ST
SPRINGFIELD, MA 01107
Medicare Provider Number: 220077

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	RTALIT	Y RATE	S (%)				
		30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	4821	10.1	9.9	0.6	15.5	15.0	0.6	19.2	18.6	0.7	
CONDITIONS:											
Acute Myocardial Infarction	228	14.0	20.4	4.3	18.4	23.7	4.4	21.9	26.5	4.1	
Congestive Heart Failure	235	14.0	14.7	3.2	20.4	23.4	4.7	27.7	29.8	4.3	
Pneumonia/Influenza	180	20.6	17.0	5.1	28.3	23.0	6.2	32.8	27.0	6.2	
Chronic Obstructive Pulmonary Disease	56	7.1	9.1	4.4	14.3	14.4	4.7	16.1	18.4	7.2	
Transient Cerebral Ischemia	45	0.0	2.5		0.0	5.5		2.2	8.5		
Stroke	163	22.7	21.7	3.4	31.3	28.4	4.8	37.4	32.2	5.2	
Hip Fracture	107	4.7	6.5	3.0	11.2	11.5	3.4	14.0	15.1	3.8	
Sepsis		37.0	23.0		48.1	31.0		48.1	35.1		
PROCEDURES:											
Angioplasty	133	5.3	2.9	2.3	6.8	4.0	3.1	7.5	5.0	3.8	
Coronary Artery Bypass Graft	167	7.8	6.5	2.1	9.6	9.2	2.3	10.2	10.2	2.5	
Initial Pacemaker Insertion	44	2.3	3.0		4.5	5.6		6.8	8.1		
Carotid Endarterectomy	. 24	4.2	1.4		4.2	2.6		8.3	3.8		
Hip Replacement/Reconstruction	80	2.5	3.2	3.3	6.2	5.9	3.2	8.7	8.1	3.1	
Open Reduction of Hip Fracture		4.2	5.5		10.4	10.2		12.5	13.8		
Prostatectomy		0.0	1.3	1.5	1.1	2.9	2.4	4.4	4.9	2.4	
Cholecystectomy		3.0	3.8	2.8	4.5	6.7	3.8	7.5	8.7	4.	
Hysterectomy		3.2	1.1	2.7	3.2	2.5	2.5	4.8	3.9	3.1	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



BAYSTATE MEDICAL CENTER Medicare Provider Number: 220077

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	73.3 years	Cancer	9.3 %
Proportion female	52.7 %	Chronic cardiovascular disease	40.4 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.2 %
Referred by personal or HMO physician	43.6 %	Chronic renal disease	5.2 %
Transferred from skilled nursing facility	0.7 %	Chronic pulmonary disease	11.8 %
Admitted for elective procedure	22.1 %	Cerebrovascular degeneration	4.5 %
Admitted for emergency	71.1 %	Diabetes mellitus	10.7 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	84.1%	Hospital	10.1 Days
State	10.1%	State	10.1 Days
Outside State	5.8%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	90
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 81.0 %	Cardiac Intensive Care Yes
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges 25.3 %	Hospice Care Yes
Case Mix Index (CMI) 1.6090	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant Yes
Total Number of Physicians 584	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center Yes
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns	Alcohol/Drug No
Registered Nurses 910	Rehabilitation No
Licensed Practical Nurses	Psychiatric No
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

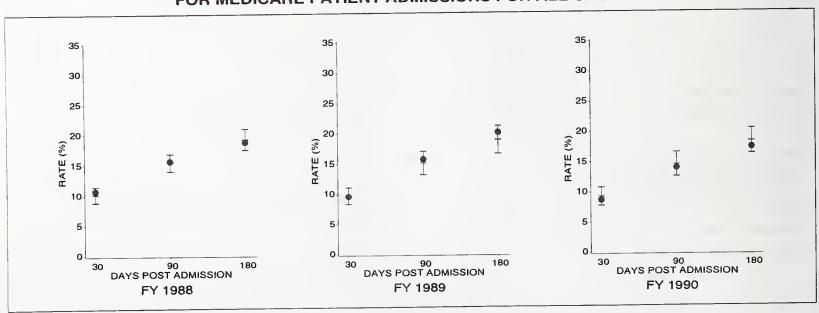
BERKSHIRE MEDICAL CENTER
725 NORTH STREET
PITTSFIELD, MA 01201
Medicare Provider Number: 220046

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	RTALIT	YRATE	S (%)			
			30 DAY	s	9	0 DAYS	· ·	18	0 DAYS	;
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2749	8.7	9.3	0.8	14.0	14.6	1.0	17.4	18.4	1.0
CONDITIONS:										
Acute Myocardial Infarction	83	26.5	28.5	6.3	27.7	31.4	6.6	33.7	34.0	6.7
Congestive Heart Failure	118	14.4	15.1	3.4	26.3	23.7	4.1	31.4	30.1	4.3
Pneumonia/Influenza	118	14.4	14.0	3.7	16.1	19.8	4.1	18.6	23.7	4.8
Chronic Obstructive Pulmonary Disease	21	9.5	8.2		14.3	13.9		23.8	18.5	
Transient Cerebral Ischemia	14	0.0	1.6		0.0	3.5		7.1	5.7	
Stroke	87	16.1	19.8	8.2	21.8	26.8	7.7	27.6	31.1	7.1
Hip Fracture	74	5.4	8.2	5.6	8.1	14.4	8.0	10.8	18.5	8.8
Sepsis	32	21.9	23.5		28.1	32.7		37.5	38.0	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	39	7.7	3.1		7.7	6.1		10.3	8.7	
Carotid Endarterectomy	8	0.0	1.2		0.0	2.2		0.0	3.2	
Hip Replacement/Reconstruction	46	0.0	4.5		4.3	8.0		10.9	10.4	
Open Reduction of Hip Fracture	20	5.0	7.1		10.0	13.4		10.0	18.0	
Prostatectomy	87	0.0	1.1	1.5	1.1	2.6	2.3	3.4	4.4	2.9
Cholecystectomy	34	2.9	2.9		5.9	5.4		8.8	7.3	
Hysterectomy	. 13	0.0	0.6		0.0	1.5		0.0	2.5	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



BERKSHIRE MEDICAL CENTER Medicare Provider Number: 220046

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.0 years	Cancer	11.8 %
Proportion female	56.0 %	Chronic cardiovascular disease	41.1 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.8 %
Referred by personal or HMO physician	35.4 %	Chronic renal disease	3.6 %
Transferred from skilled nursing facility	1.3 %	Chronic pulmonary disease	12.9 %
Admitted for elective procedure	23.4 %	Cerebrovascular degeneration	4.8 %
Admitted for emergency	13.2 %	Diabetes mellitus	5.9 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	86.3%	Hospital	11.0 Days
State	2.3%	State	10.1 Days
Outside State	11.4%	National	8.6 Days
Total	100.0%		

PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit N
Occupancy Rate 82.0 %	Cardiac Intensive CareYes
Ownership.Control Private, Non-Profit	Comprehensive GeriatricYes
Medicare Discharges 35.5 %	Hospice CareN
Case Mix Index (CMI) 1.3840	Medical/Surgical Intensive Care Ye
STAFFING:	Organ/Tissue Transplant N
Total Number of Physicians (Not Available)	Other Intensive Care Ye
Percent of Physicians Board Certified Specialists(Not Available)	Trauma Center Ye
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns 51	Alcohol/DrugN
Registered Nurses	RehabilitationYe
Licensed Practical Nurses	PsychiatricYe
	Medicare Swing Beds N

^{*} Not used in calculating mortality rates

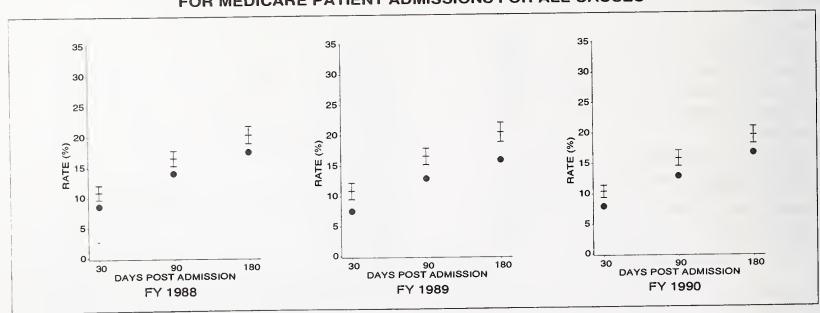
BETH ISRAEL HOSPITAL
330 BROOKLINE AVE
BOSTON, MA 02215
Medicare Provider Number: 220086

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	RTALITY	RATE	S (%)			
		3	O DAY	S	90	DAYS	3	180	DAYS	
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	4314	7.9	10.4	0.5	12.9	15.8	0.6	16.7	19.6	0.7
CONDITIONS:										
Acute Myocardial Infarction	133	25.6	24.5	3.9	32.3	28.6	4.6	34.6	31.7	4.6
Congestive Heart Failure	206	15.5	17.0	2.9	28.2	26.7	3.5	32.5	33.3	3.3
Pneumonia/Influenza	145	11.0	20.8	4.7	17.2	28.1	5.1	22.8	32.9	5.3
Chronic Obstructive Pulmonary Disease	49	8.2	8.0		12.2	14.1		24.5	18.9	
Transient Cerebral Ischemia	24	0.0	1.8		0.0	4.1		0.0	6.6	
Stroke	128	14.8	22.2	5.6	19.5	29.7	7.2	25.8	33.7	7.0
Hip Fracture	131	4.6	7.9	3.8	10.7	14.1	4.9	13.7	18.2	4.8
Sepsis	60	21.7	26.3	8.2	28.3	34.0	8.1	33.3	38.4	8.7
PROCEDURES:										
Angioplasty	104	2.9	2.8	1.7	3.8	4.0	2.2	4.8	5.2	2.8
Coronary Artery Bypass Graft	149	6.7	5.9	2.1	6.7	9.0	2.6	8.1	10.5	2.9
Initial Pacemaker Insertion	32	3.1	4.0		3.1	7.6		9.4	10.7	
Carotid Endarterectomy	. 10	0.0	1.3		0.0	2.4		0.0	3.6	
Hip Replacement/Reconstruction	78	2.6	6.0	3.4	7.7	11.2	4.0	9.0	14.8	5.0
Open Reduction of Hip Fracture	. 47	6.4	7.3		10.6	13.1		14.9	17.1	
Prostatectomy	. 118	0.0	1.0	1.2	0.0	2.3	2.4	0.8	4.0	3.2
Cholecystectomy	44	2.3	3.2		2.3	5.8		2.3	7.5	
Hysterectomy		0.0	0.4		0.0	1.0		4.3	1.7	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



BETH ISRAEL HOSPITAL

Medicare Provider Number: 220086

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission 75.2 years		
Atologo ago at animalana	Cancer	10.3 %
Proportion female 57.6 %	Chronic cardiovascular disease	39.2 %
ADMISSION SOURCES/TYPES:	Chronic liver disease	0.8 %
Referred by personal or HMO physician 29.6 %	Chronic renal disease	4.5 %
	Chronic pulmonary disease	10.6 %
Transferred from skilled flatering radiity from	Cerebrovascular degeneration	5.9 %
Admitted for elective procedure	Diabetes mellitus	

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION County/City	41.0% 51.2%	MEDICARE AVERAGE LENGTH OF STAY: Hospital	10.1 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
	SPECIALTY SERVICES: Burn Unit
** Except for CMI	Wedicare Ching 2000

^{*} Not used in calculating mortality rates

BEVERLY HOSPITAL

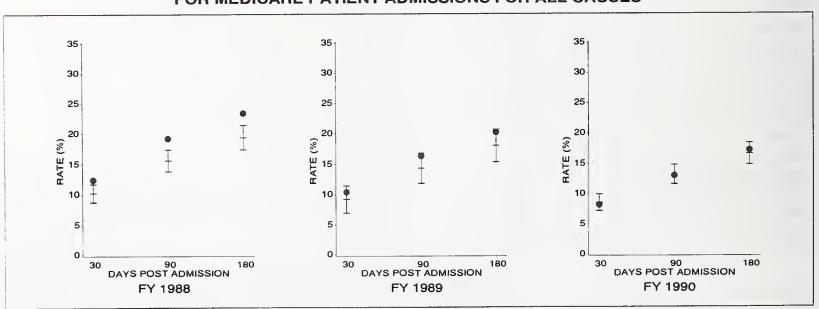
HERRICK & HEATHER STS BEVERLY, MA 01915 Medicare Provider Number: 220033

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

	MORTALITY RATES (%)									
		30 DAYS			90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1873	8.2	8.6	0.7	13.0	13.2	8.0	17.2	16.6	0.9
CONDITIONS:										
Acute Myocardial Infarction	56	17.9	26.7	7.2	23.2	29.5	6.7	26.8	32.4	6.8
Congestive Heart Failure	78	14.1	13.1	3.9	20.5	20.9	8.0	29.5	27.1	10.4
Pneumonia/Influenza	100	11.0	14.4	6.3	17.0	19.8	5.8	22.0	23.6	5.1
Chronic Obstructive Pulmonary Disease	19	10.5	8.2		21.1	13.6		31.6	18.1	
Transient Cerebral Ischemia	33	3.0	1.7		6.1	3.9		12.1	6.5	
Stroke	76	13.2	19.4	8.1	19.7	26.3	8.9	23.7	30.2	9.6
Hip Fracture	90	5.6	5.8	2.7	10.0	10.5	4.0	14.4	13.7	6.5
Sepsis	13	23.1	22.3		23.1	28.6		23.1	34.0	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	1	0.0	5.3		0.0	6.5		0.0	7.4	
Initial Pacemaker Insertion	10	10.0	4.2		10.0	7.0		10.0	9.7	
Carotid Endarterectomy	4	0.0	0.9		0.0	1.8		25.0	2.7	
Hip Replacement/Reconstruction	48	2.1	3.2		2.1	6.0		4.2	8.2	
Open Reduction of Hip Fracture	41	7.3	6.2		17.1	11.2		22.0	14.6	
Prostatectomy	67	3.0	0.7	1.4	9.0	1.8	3.9	10.4	3.1	3.4
Cholecystectomy	37	0.0	1.8		0.0	3.7		0.0	5.4	
Hysterectomy	19	0.0	0.3		0.0	0.7		5.3	1.3	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



BEVERLY HOSPITAL Medicare Provider Number: 220033

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.9 years	Cancer	5.9 %
Proportion female		Chronic cardiovascular disease	26.3 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.0 %
Referred by personal or HMO physician	45.5 %	Chronic renal disease	4.9 %
Transferred from skilled nursing facility		Chronic pulmonary disease	13.2 %
Admitted for elective procedure		Cerebrovascular degeneration	4.8 %
Admitted for emergency		Diabetes mellitus	6.5 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	92.8%	Hospital	11.4 Days
State	0.70/	State	10.1 Days
Outside State	3.5%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

BOSTON CITY HOSPITAL

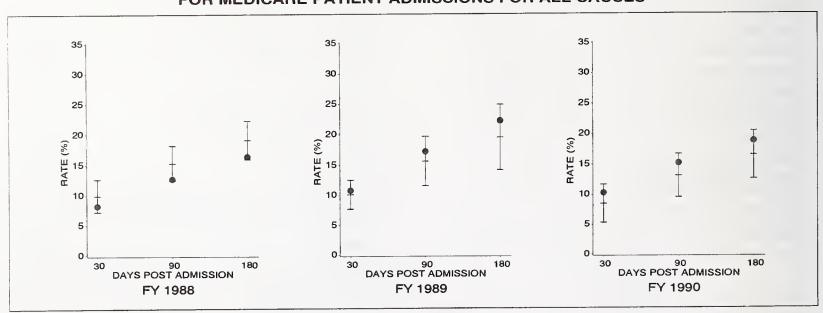
818 HARRISON AVE BOSTON, MA 02118 Medicare Provider Number: 220104

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	ORTALIT	YRATE	ES (%)			
			30 DAY	s	9	0 DAYS	3	18	0 DAYS	3
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	824	10.3	8.5	1.6	15.2	13.1	1.8	18.8	16.5	2.0
CONDITIONS:										
Acute Myocardial Infarction	18	22.2	25.0		38.9	28.2		44.4	31.1	
Congestive Heart Failure	37	18.9	15.6		18.9	24.2		24.3	31.0	
Pneumonia/Influenza	40	20.0	14.1		22.5	19.6		27.5	23.2	
Chronic Obstructive Pulmonary Disease	12	8.3	8.1		16.7	14.8		16.7	19.2	
Transient Cerebral Ischemia	5	0.0	1.2		0.0	2.7		20.0	4.3	
Stroke	27	18.5	17.8		33.3	24.7		33.3	28.6	
Hip Fracture	11	9.1	4.8		9.1	9.1		9.1	12.1	
Sepsis	5	40.0	21.9		40.0	29.4		40.0	34.6	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	5	0.0	2.7		0.0	6.1		0.0	9.6	
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	2	0.0	5.4		0.0	11.1		0.0	15.1	
Open Reduction of Hip Fracture	8	12.5	4.0		12.5	7.8		12.5	10.8	
Prostatectomy	30	0.0	0.7		0.0	1.8		0.0	3.1	
Cholecystectomy	11	0.0	2.9		0.0	6.0		0.0	8.3	
Hysterectomy	3	0.0	0.2		0.0	0.4		0.0	0.7	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



BOSTON CITY HOSPITAL

Medicare Provider Number: 220104

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	68.5 years	Cancer	5.7 %
Proportion female	44.1 %	Chronic cardiovascular disease	26.2 %
DMISSION SOURCES/TYPES:		Chronic liver disease	1.9 %
Referred by personal or HMO physician	1.1 %	Chronic renal disease	4.4 %
Transferred from skilled nursing facility		Chronic pulmonary disease	16.7 %
Admitted for elective procedure	14.7 %	Cerebrovascular degeneration	14.8 %
Admitted for emergency		Diabetes mellitus	10.7 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	89.4%	Hospital	9.8 Days
State	7.6%	State	10.1 Days
Outside State	3.0%	National	8.6 Days
Total	100.0%		

ROFILE:	SPECIALTY SERVICES:
Total Beds 355	Burn Unit No
Occupancy Rate 74.0 %	Cardiac Intensive Care Yes
Ownership/Control Local Government	Comprehensive Geriatric Yes
Medicare Discharges(Not Available)	Hospice Care No
Case Mix Index (CMI) 1.1877	Medical/Surgical Intensive CareYes
TAFFING:	Organ/Tissue Transplant N
Fotal Number of Physicians 606	Other Intensive Care
Percent of Physicians Board Certified Specialists	Trauma Center Yes
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns	Alcohol/Drug N
Registered Nurses 599	Rehabilitation N
Licensed Practical Nurses71	Psychiatric Ye
	Medicare Swing Beds N

^{*} Not used in calculating mortality rates

BRIGHAM AND WOMANS HOSPITAL

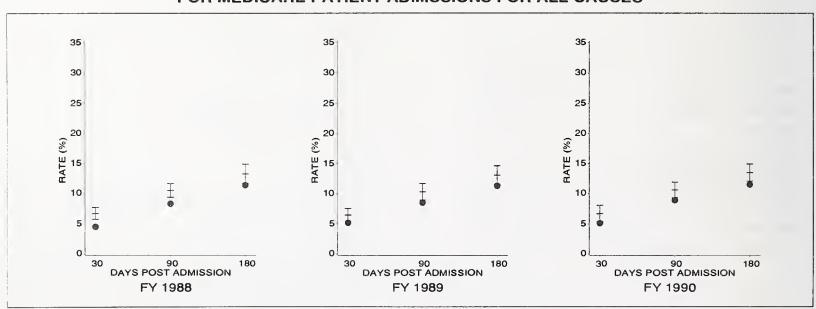
75 FRANCIS ST BOSTON, MA 02115 Medicare Provider Number: 220110

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	ORTALIT	Y RATE	S (%)				
		30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	3552	5.1	6.7	0.7	8.9	10.6	0.6	11.5	13.5	0.7	
CONDITIONS:											
Acute Myocardial Infarction	56	21.4	28.4	11.8	23.2	32.2	12.7	25.0	35.1	12.6	
Congestive Heart Failure	77	5.2	15.1	6.7	14.3	24.4	7.7	19.5	30.9	8.4	
Pneumonia/Influenza	73	4.1	13.8	6.3	13.7	19.0	6.9	16.4	22.4	6.2	
Chronic Obstructive Pulmonary Disease	35	11.4	10.8		22.9	18.2		22.9	23.5		
Transient Cerebral Ischemia	27	0.0	1.5		3.7	3.3		7.4	5.3		
Stroke	73	12.3	19.3	5.8	16.4	25.1	6.4	19.2	28.8	7.2	
Hip Fracture	49	2.0	6.1		2.0	10.7		4.1	13.8		
Sepsis	12	25.0	27.0		33.3	35.2		41.7	39.5		
PROCEDURES:											
Angioplasty	38	0.0	2.7		0.0	3.7		0.0	4.6		
Coronary Artery Bypass Graft	168	7.1	5.1	2.2	10.1	8.1	2.3	10.1	9.6	2.3	
Initial Pacemaker Insertion	14	0.0	2.8		0.0	5.5		0.0	7.8		
Carotid Endarterectomy	20	0.0	1.1		0.0	2.1		0.0	3.2		
Hip Replacement/Reconstruction	156	1.3	1.2	0.9	1.3	2.1	1.3	1.9	2.9	1.6	
Open Reduction of Hip Fracture	24	0.0	5.7		0.0	10.5		0.0	13.9		
Prostatectomy	64	0.0	0.6	1.3	1.6	1.4	1.5	3.1	2.4	2.1	
Cholecystectomy	39	2.6	2.9		5.1	5.7		5.1	7.9		
Hysterectomy	67	0.0	0.6	1.1	3.0	1.4	2.1	3.0	2.2	1.9	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



BRIGHAM AND WOMANS HOSPITAL

Medicare Provider Number: 220110

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	70.4 years	Cancer	8.1 %
		Chronic cardiovascular disease	33.4 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.9 %
Referred by personal or HMO physician	53.7 %	Chronic renal disease	6.0 %
Transferred from skilled nursing facility		Chronic pulmonary disease	6.9 %
Admitted for elective procedure		Cerebrovascular degeneration	3.8 %
Admitted for emergency		Diabetes mellitus	5.8 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	28.7%	Hospital	9.3 Days
State	56.9%	State	10.1 Days
Outside State	14.4%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
STAFFING: Total Number of Physicians	Organ/Tissue Transplant
** Except for CMI	Wodioard Ching 2000

^{*} Not used in calculating mortality rates

BROCKTON HOSPITAL

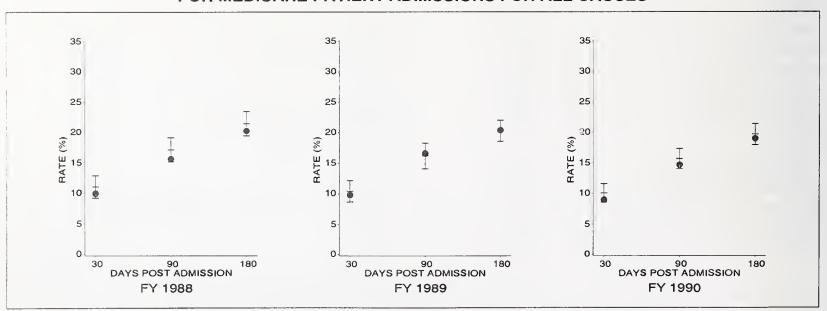
680 CENTER STREET BROCKTON, MA 02402 Medicare Provider Number: 220052

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				МС	DRTALIT	Y RATE	S (%)			
		3	30 DAY	S	9	0 DAYS	5	18	0 DAYS	3
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2369	9.0	10.1	0.8	14.7	15.7	0.8	19.0	19.7	0.9
CONDITIONS:										
Acute Myocardial Infarction	89	25.8	22.8	6.2	29.2	26.5	6.9	32.6	29.4	5.9
Congestive Heart Failure	120	14.2	15.5	4.4	25.0	24.8	4.1	39.2	31.3	5.6
Pneumonia/Influenza	165	15.8	17.1	3.1	23.0	23.8	3.4	24.8	28.1	3.8
Chronic Obstructive Pulmonary Disease	50	6.0	9.1		12.0	15.9		16.0	20.6	
Transient Cerebral Ischemia	43	0.0	2.1		9.3	4.7		9.3	7.6	
Stroke	81	24.7	21.3	4.8	34.6	28.8	6.7	40.7	32.9	6.5
Hip Fracture	51	0.0	5.9	5.0	9.8	11.0	6.1	15.7	14.6	5.7
Sepsis	18	27.8	23.8	*****	33.3	32.3		44.4	37.4	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	16	6.3	4.5		6.3	8.0		6.3	10.8	
Carotid Endarterectomy	3	0.0	1.2		0.0	2.1		0.0	3.1	
Hip Replacement/Reconstruction	26	0.0	3.8		3.8	7.2		3.8	10.0	
Open Reduction of Hip Fracture	28	0.0	5.9		14.3	11.2		25.0	14.9	
Prostatectomy	78	0.0	0.9	3.3	3.8	2.1	2.9	5.1	3.7	3.6
Cholecystectomy	36	5.6	3.0		8.3	5.7		8.3	7.7	
Hysterectomy	22	0.0	0.5		0.0	1.3		4.5	2.2	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



BROCKTON HOSPITAL Medicare Provider Number: 220052

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS: Average age at admission	COMORBIDITIES: Cancer
Proportion female	Chronic cardiovascular disease
Referred by personal or HMO physician 26.3 % Transferred from skilled nursing facility 0.1 %	Chronic pulmonary disease 21.4 %
Admitted for elective procedure	Cerebrovascular degeneration

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City		Hospital	
State Outside State		State National	
Total			
10(0)			

Total Beds	PROFILE:		SPECIALTY SERVICES:
Occupancy Rate	Total Beds	301	Burn Unit No
Ownership.Control			Cardiac Intensive Care No
Medicare Discharges 37.8 % Hospice Care Modical/Surgical Intensive Care Organ/Tissue Transplant Other Intensive Care Trauma Center OTHER SPECIALTY/HOSPITAL-BASED SERVICES: Alcohol/Drug Registered Nurses 274 Rehabilitation			Comprehensive Geriatric No
Case Mix Index (CMI)			Hospice CareNo
Total Number of Physicians 158 Other Intensive Care Trauma Center OTHER SPECIALTY/HOSPITAL-BASED SERVICES: Alcohol/Drug Repistered Nurses 274 Rehabilitation Rehabilitation			Medical/Surgical Intensive Care Yes
Percent of Physicians Board Certified Specialists 85.4 % Medical Residents/Interns 0 Registered Nurses 274 Rehabilitation Trauma Center			Organ/Tissue Transplant No
Percent of Physicians Board Certified Specialists 85.4 % Medical Residents/Interns 0 Registered Nurses 274 Rehabilitation I	Total Number of Physicians	158	Other Intensive Care No
Medical Residents/Interns 0 Registered Nurses 274 Rehabilitation I			Trauma Center No OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses 274 Rehabilitation I	Medical Residents/Interns	0	
10	Registered Nurses	274	Rehabilitation No
1 by or making minimum.	Licensed Practical Nurses	19	Psychiatric Yes
	Except for CMI		Medicare Swing Beds

^{*} Not used in calculating mortality rates

BURBANK HOSPITAL

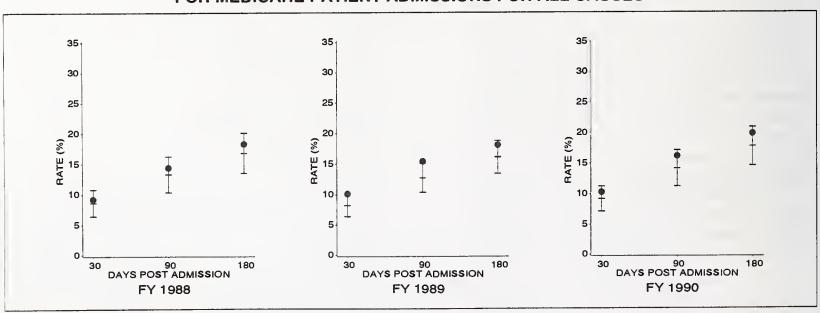
NICHOLS RD FITCHBURG, MA 01420 Medicare Provider Number: 220001

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	MORTALITY RATES (%)										
	NUMBER OF CASES	30 DAYS			90 DAYS			18	180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	1484	10.3	9.2	1.0	16.2	14.2	1.5	19.9	17.8	1.6	
CONDITIONS:											
Acute Myocardial Infarction	49	30.6	23.2		34.7	25.7		40.8	28.1		
Congestive Heart Failure	92	16.3	15.5	3.9	28.3	24.7	5.9	32.6	31.0	5.7	
Pneumonia/Influenza	55	23.6	16.2	10.2	30.9	22.2	10.1	32.7	26.1	9.8	
Chronic Obstructive Pulmonary Disease	11	0.0	7.9		0.0	13.7		0.0	18.0		
Transient Cerebral Ischemia	22	4.5	1.8		9.1	4.0		13.6	6.3		
Stroke	60	20.0	20.8	5.4	31.7	28.1	6.5	38.3	32.1	7.	
Hip Fracture	5 5	14.5	6.8	4.8	29.1	11.9	8.8	29.1	15.4	7.	
Sepsis	16	37.5	24.3		37.5	31.6		37.5	35.8		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	6	0.0	1.6		0.0	3.9		16.7	6.7		
Carotid Endarterectomy	2	0.0	0.7		0.0	1.7		0.0	2.9		
Hip Replacement/Reconstruction	33	0.0	3.2		9.1	6.1	••••	9.1	8.3		
Open Reduction of Hip Fracture	31	16.1	7.4		35.5	13.5		35.5	17.8		
Prostatectomy	31	0.0	8.0		0.0	2.0		0.0	3.4		
Cholecystectomy	25	4.0	1.9		8.0	3.9		8.0	5.3		
Hysterectomy	10	0.0	0.1		0.0	0.3		0.0	0.5		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



BURBANK HOSPITAL Medicare Provider Number: 220001

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.6 years	Cancer	6.9 %
Proportion female	55.5 %	Chronic cardiovascular disease	28.1 %
DMISSION SOURCES/TYPES:		Chronic liver disease	1.0 %
Referred by personal or HMO physician	35.5 %	Chronic renal disease	3.9 %
Transferred from skilled nursing facility		Chronic pulmonary disease	10.5 %
Admitted for elective procedure		Cerebrovascular degeneration	5.9 %
Admitted for emergency		Diabetes mellitus	4.8 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	87.2%	Hospital	8.8 Days
State	8.6%	State	10.1 Days
Outside State	4.2%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	990
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
Percent of Physicians Board Certified Specialists	Trauma Center

^{*} Not used in calculating mortality rates

CAPE COD HOSPITAL

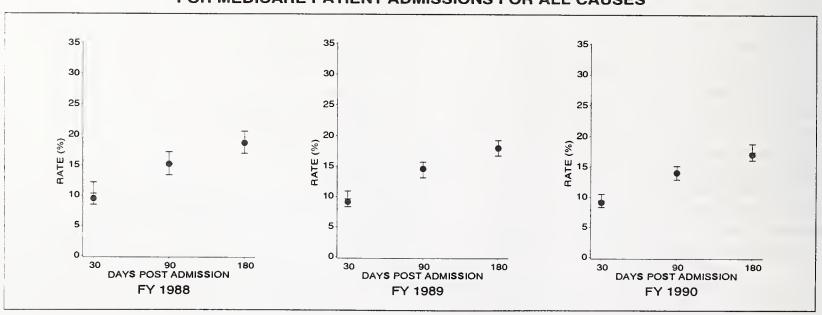
27 PARK ST HYANNIS, MA 02601 Medicare Provider Number: 220012

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
	NUMBER OF CASES	30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	4212	9.1	9.4	0.5	14.0	14.0	0.6	17.0	17.4	0.7	
CONDITIONS:											
Acute Myocardial Infarction	171	20.5	23.9	4.7	25.7	27.2	4.3	27.5	30.0	4.6	
Congestive Heart Failure	246	13.0	14.7	3.4	20.3	23.0	3.6	26.8	29.3	3.7	
Pneumonia/Influenza	146	21.2	17.2	5.1	30.8	23.2	6.4	32.2	27.2	6.8	
Chronic Obstructive Pulmonary Disease	45	4.4	9.3		4.4	15.3		8.9	20.0		
Transient Cerebral Ischemia	44	0.0	1.6		4.5	3.5		4.5	5.8		
Stroke	190	16.8	22.0	5.9	26.8	29.0	5.9	31.1	32.9	5.2	
Hip Fracture	173	6.4	6.7	2.7	10.4	11.8	3.4	13.3	15.4	3.8	
Sepsis	20	30.0	24.4		35.0	30.7		35.0	34.4		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	45	0.0	3.3		2.2	6.0		4.4	8.4		
Carotid Endarterectomy	2	0.0	1.7		0.0	3.4		0.0	5.0		
Hip Replacement/Reconstruction	91	5.5	4.6	2.5	7.7	8.8	3.2	11.0	11.9	3.8	
Open Reduction of Hip Fracture	93	5.4	6.3	2.7	10.8	11.4	3.4	12.9	15.1	4.1	
Prostatectomy	216	0.5	0.9	0.8	1.4	2.1	1.3	3.7	3.7	1.3	
Cholecystectomy	76	3.9	2.6	2.8	5.3	4.6	3.2	5.3	6.0	3.8	
Hysterectomy	33	0.0	0.4		0.0	1.0		0.0	1.7		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



CAPE COD HOSPITAL Medicare Provider Number: 220012

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	76.7 years	Cancer	7.1 %
Proportion female	54.4 %	Chronic cardiovascular disease	36.8 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.7 %
Referred by personal or HMO physician	24.7 %	Chronic renal disease	2.6 %
Transferred from skilled nursing facility		Chronic pulmonary disease	12.6 %
Admitted for elective procedure		Cerebrovascular degeneration	3.8 %
Admitted for emergency		Diabetes mellitus	5.3 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	90.3%	Hospital	8.0 Days
State	4.5%	State	10.1 Days
Outside State	5.2%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds 258	Burn Unit No
Occupancy Rate 81.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric Yes
Medicare Discharges 52.2 %	Hospice Care No
Case Mix Index (CMI) 1.1940	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center
Medical Residents/Interns 0	Alcohol/DrugNo
Registered Nurses	RehabilitationNo
Licensed Practical Nurses	Psychiatric
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

CARDINAL CUSHING GENERAL HOSPITAL

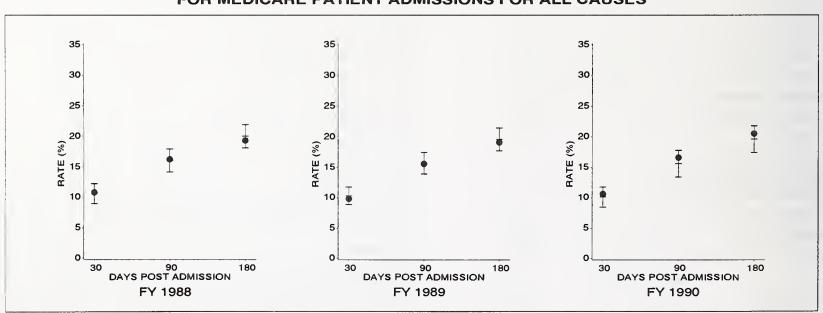
235 N PEARL ST BROCKTON, MA 02401 Medicare Provider Number: 220156

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				МС	MORTALITY RATES (%)						
	NUMBER OF CASES	30 DAYS			90 DAYS			180 DAYS			
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	2283	10.6	10.1	0.8	16.6	15.6	1.1	20.5	19.6	1.1	
CONDITIONS:											
Acute Myocardial Infarction	77	32.5	29.7	5.7	36.4	33.2	5.8	39.0	36.3	6.1	
Congestive Heart Failure	179	21.2	16.2	4.4	34.6	25.9	5.2	42.5	32.6	5.5	
Pneumonia/Influenza	116	15.5	19.8	4.6	21.6	27.2	6.2	26.7	31.6	6.2	
Chronic Obstructive Pulmonary Disease	35	11.4	9.3		11.4	16.2		20.0	21.1		
Transient Cerebral Ischemia	38	0.0	2.0		2.6	4.6		2.6	7.5		
Stroke	94	21.3	20.9	4.2	29.8	27.4	5.1	33.0	31.4	5.0	
Hip Fracture	54	5.6	8.4	4.8	13.0	14.8	5.4	18.5	19.1	5.5	
Sepsis	23	34.8	27.7		52.2	37.2		52.2	42.8		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	17	0.0	2.2		5.9	4.7		5.9	7.4		
Carotid Endarterectomy	13	0.0	1.0		0.0	1.9		0.0	2.8		
Hip Replacement/Reconstruction	14	0.0	3.5		7.1	6.2		7.1	8.3		
Open Reduction of Hip Fracture	31	6.5	7.0		9.7	13.2		9.7	17.5		
Prostatectomy	70	0.0	1.4	1.7	0.0	3.3	3.1	1.4	5.3	4.0	
Cholecystectomy	26	3.8	2.1		3.8	3.9		7.7	5.1		
Hysterectomy	5	0.0	2.4		0.0	5.3		0.0	8.1		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



CARDINAL CUSHING GENERAL HOSPITAL Medicare Provider Number: 220156

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	76.5 years	Cancer	7.4 %
Proportion female	60.4 %	Chronic cardiovascular disease	40.8 %
DMISSION SOURCES/TYPES:		Chronic liver disease	0.6 %
Referred by personal or HMO physician	36.6 %	Chronic renal disease	3.3 %
Transferred from skilled nursing facility		Chronic pulmonary disease	17.6 %
Admitted for elective procedure		Cerebrovascular degeneration	7.1 %
Admitted for emergency		Diabetes mellitus	7.1 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	55.3%	Hospital	11.5 Days
State		State	10.1 Days
Outside State		National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1	990
PROFILE:	SPECIALTY SERVICES:
Total Beds 275	Burn Unit No
Occupancy Rate 70.0 %	Cardiac Intensive Care Yes
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges 49.0 %	Hospice Care No
Case Mix Index (CMI) 1.1928	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 188	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
_	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns5	Alcohol/Drug No
Registered Nurses 155	RehabilitationNo
Licensed Practical Nurses 79	Psychiatric No
	Medicare Swing Beds No
** Except for CMI	

^{*} Not used in calculating mortality rates

CARNEY HOSPITAL

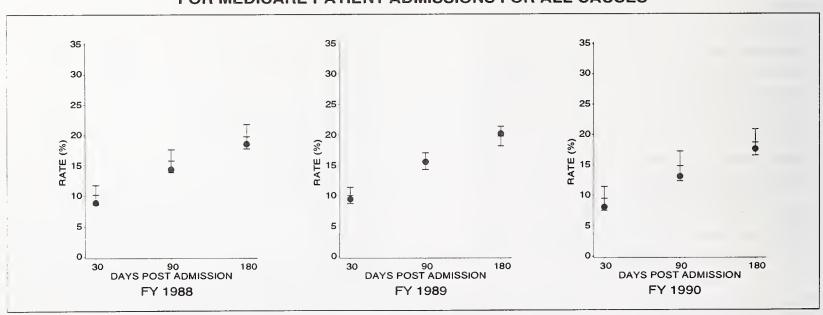
2100 DORCHESTER AVE BOSTON, MA 02124 Medicare Provider Number: 220017

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	2922	8.1	9.5	1.0	13.1	14.8	1.2	17.6	18.7	1.1	
CONDITIONS:											
Acute Myocardial Infarction	85	20.0	26.2	7.7	23.5	30.6	7.4	32.9	34.0	7.0	
Congestive Heart Failure	124	13.7	15.8	3.9	18.5	25.2	6.0	28.2	32.1	5.2	
Pneumonia/Influenza	151	15.9	16.4	3.0	22.5	22.8	5.8	27.8	27.1	4.8	
Chronic Obstructive Pulmonary Disease	39	2.6	5.4		2.6	10.5		5.1	14.8		
Transient Cerebral Ischemia	34	0.0	1.6		0.0	3.8		0.0	6.3		
Stroke	109	22.0	21.3	4.7	30.3	28.6	5.6	37.6	32.8	7.0	
Hip Fracture	83	8.4	8.0	3.3	13.3	14.1	4.3	18.1	18.2	5.7	
Sepsis	33	33.3	26.9		39.4	36.0		42.4	41.1		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	12	8.3	4.1		8.3	7.7		25.0	10.9		
Carotid Endarterectomy	4	0.0	1.2		0.0	2.6		0.0	4.1		
Hip Replacement/Reconstruction	30	0.0	6.9		6.7	12.9		16.7	16.9		
Open Reduction of Hip Fracture	48	10.4	6.5		16.7	11.5		16.7	15.0		
Prostatectomy	73	0.0	1.2	1.8	1.4	2.9	2.9	4.1	4.9	3.8	
Cholecystectomy	45	2.2	3.9		6.7	6.9		8.9	8.8		
Hysterectomy	5	0.0	4.7		0.0	10.8		20.0	16.0		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



CARNEY HOSPITAL Medicare Provider Number: 220017

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:	76.0 years	COMORBIDITIES:	6.2 %
Average age at admission Proportion female			30.7 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.1 %
Referred by personal or HMO physician		Chronic renal disease Chronic pulmonary disease	6.6 % 17.2 %
Transferred from skilled nursing facility		Cerebrovascular degeneration	7.3 %
Admitted for elective procedure Admitted for emergency		Diabetes mellitus	7.2 %
Admitted for emergency	11.7 %		

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION County/City	59.9% 38.8%	MEDICARE AVERAGE LENGTH OF STAY: Hospital	10.1 Days
Total	100.0%		

ROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 77.0 %	Cardiac Intensive Care Yes
Ownership/Control Church	Comprehensive Geriatric Yes
Medicare Discharges 41.5 %	Hospice Care No
Case Mix Index (CMI) 1.2503	Medical/Surgical Intensive Care Yes
TAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 292	Other Intensive Care Yes
Percent of Physicians Board Certified Specialists	Trauma Center N
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns 55	Alcohol/Drug N
Registered Nurses 351	RehabilitationN
Licensed Practical Nurses 7	Psychiatric Ye
	Medicare Swing Beds N

^{*} Not used in calculating mortality rates

CHARLTON MEMORIAL HOSPITAL

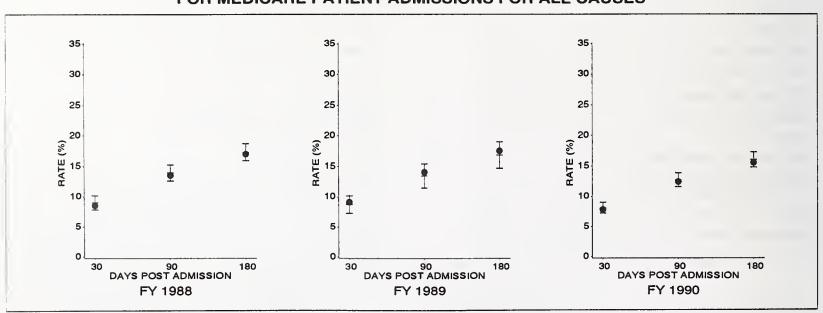
363 HIGHLAND AVENUE FALL RIVER, MA 02720 Medicare Provider Number: 220055

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				МС	ORTALIT	Y RATE	S (%)				
			30 DAY	S	9	90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	3685	7.8	8.1	0.5	12.4	12.7	0.6	15.5	16.0	0.6	
CONDITIONS:											
Acute Myocardial Infarction	181	18.2	18.1	5.1	26.5	22.3	5.4	28.2	25.6	4.6	
Congestive Heart Failure	202	14.4	14.8	4.8	21.8	23.6	4.5	27.7	29.9	4.3	
Pneumonia/Influenza	166	12.7	15.1	3.1	22.9	21.0	3.4	24.1	25.0	3.4	
Chronic Obstructive Pulmonary Disease	69	10.1	5.9	5.5	15.9	11.2	8.2	26.1	15.9	10.2	
Transient Cerebral Ischemia	82	3.7	1.9	2.5	7.3	4.3	3.5	7.3	7.0	3.1	
Stroke	147	19.7	18.7	3.6	27.2	25.6	3.9	29.9	29.5	3.8	
Hip Fracture	89	3.4	5.8	3.5	5.6	10.3	5.0	7.9	13.6	6.0	
Sepsis	31	6.5	17.8		16.1	25.6		25.8	29.9		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	38	2.6	2.4		5.3	4.9		5.3	7.3		
Carotid Endarterectomy	13	0.0	1.3		0.0	2.3		0.0	3.5		
Hip Replacement/Reconstruction	57	0.0	2.0	2.3	1.8	3.8	3.0	3.5	5.3	3.3	
Open Reduction of Hip Fracture	57	1.8	5.5	3.8	3.5	10.0	5.7	5.3	13.5	6.9	
Prostatectomy	148	0.0	0.8		0.0	1.7		0.0	3.0		
Cholecystectomy	82	2.4	2.5	2.2	2.4	4.6	3.4	3.7	6.0	4.1	
Hysterectomy	48	0.0	0.3		0.0	0.7		0.0	1.2		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



CHARLTON MEMORIAL HOSPITAL Medicare Provider Number: 220055

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	74.9 years	Cancer	4.7 %
Proportion female		Chronic cardiovascular disease	41.3 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.4 %
Referred by personal or HMO physician	28.4 %	Chronic renal disease	2.8 %
Transferred from skilled nursing facility		Chronic pulmonary disease	19.6 %
Admitted for elective procedure		Cerebrovascular degeneration	5.2 %
Admitted for emergency		Diabetes mellitus	16.3 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City State Outside State Total	89.1% 1.2% 9.7%	Hospital State National	10.1 Days

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
** Except for CMI	

^{*} Not used in calculating mortality rates

DANA-FARBER CANCER INSTITUTE

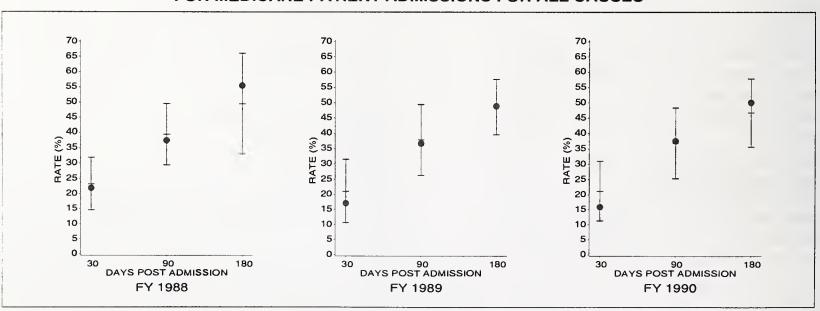
44 BINNEY ST BOSTON, MA 02115 Medicare Provider Number: 220162

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	ORTALIT	YRATE	S (%)			
		30 DAYS			90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	88	15.9	21.1	4.9	37.5	36.8	5.8	50.0	46.7	5.6
CONDITIONS:										
Acute Myocardial Infarction	0									
Congestive Heart Failure	0									
Pneumonia/Influenza	0									
Chronic Obstructive Pulmonary Disease	0									
Transient Cerebral Ischemia	0									
Stroke	0									
Hip Fracture	0									
Sepsis	0									
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	0									
Hysterectomy	0									

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



DANA-FARBER CANCER INSTITUTE Medicare Provider Number: 220162

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	68.9 years	Cancer	59.6 %
Proportion female	53.9 %	Chronic cardiovascular disease	9.0 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.0 %
Referred by personal or HMO physician	83.1 %	Chronic renal disease	0.0 %
Transferred from skilled nursing facility		Chronic pulmonary disease	2.2 %
Admitted for elective procedure		Cerebrovascular degeneration	1.1 %
Admitted for emergency		Diabetes mellitus	2.2 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City State Outside State	14.3% 65.5% 20.2%	Hospital State National	10.1 Days
Total	100.0%		

PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
Percent of Physicians Board Certified Specialists	OTHER SPECIALTY/HOSPITAL-BASED SERVICES: Alcohol/Drug

^{*} Not used in calculating mortality rates

EMERSON HOSPITAL

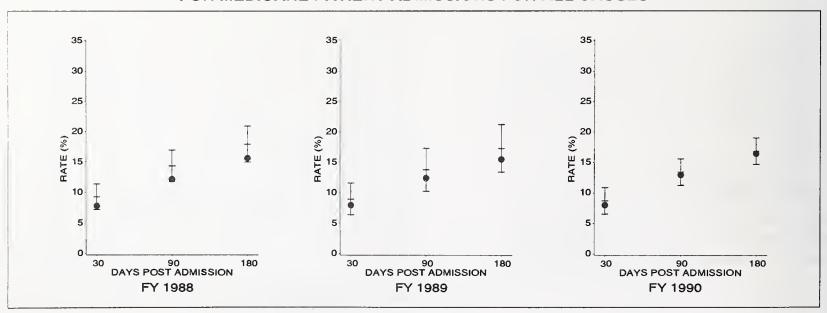
OLD RD TO 9 ACRE CORNER CONCORD, MA 01742 Medicare Provider Number: 220084

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				М	ORTALIT	Y RATE	ES (%)				
	NUMBER OF CASES	30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	1520	8.0	8.7	1.1	12.9	13.4	1.1	16.4	16.8	1.1	
CONDITIONS:											
Acute Myocardial Infarction	47	29.8	27.8		34.0	31.1		36.2	33.9		
Congestive Heart Failure	80	16.2	14.8	4.4	23.7	23.3	4.8	30.0	29.4	5.1	
Pneumonia/Influenza	68	11.8	14.5	5.4	20.6	19.9	5.0	29.4	23.4	6.8	
Chronic Obstructive Pulmonary Disease	23	13.0	6.6		26.1	11.8		30.4	16.1		
Transient Cerebral Ischemia	36	0.0	1.6		0.0	3.5		5.6	5.6		
Stroke	55	16.4	24.1	6.4	29.1	30.4	6.3	32.7	34.2	6.4	
Hip Fracture	72	11.1	7.0	4.5	15.3	12.3	5.5	18.1	15.8	6.7	
Sepsis	20	20.0	31.5		30.0	37.8		30.0	42.2		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	19	0.0	2.8		10.5	5.8		15.8	9.0		
Carotid Endarterectomy	2	0.0	2.0		0.0	3.8		0.0	5.4		
Hip Replacement/Reconstruction	44	6.8	3.8		9.1	7.1		11.4	9.5		
Open Reduction of Hip Fracture	45	6.7	5.9		8.9	10.6		13.3	14.1		
Prostatectomy	29	0.0	0.9		0.0	2.1		0.0	3.8		
Cholecystectomy	28	3.6	2.2		3.6	4.1		7.1	5.7		
Hysterectomy	12	0.0	0.2		0.0	0.4		0.0	0.6		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



EMERSON HOSPITAL

Medicare Provider Number: 220084

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:	COMORBIDITIES:
Average age at admission 76.7 years	Cancer 7.8 %
Proportion female 59.8 %	Chronic cardiovascular disease 33.7 %
ADMISSION SOURCES/TYPES:	Chronic liver disease 1.0 %
Referred by personal or HMO physician 32.3 %	Chronic renal disease 1.2 %
Transferred from skilled nursing facility 0.0 %	Chronic pulmonary disease 13.6 %
Admitted for elective procedure 16.8 %	Cerebrovascular degeneration 4.6 %
Admitted for emergency 63.8 %	Diabetes mellitus 5.7 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	87.4%	Hospital	7.9 Days
State	6.7%	State	10.1 Days
Outside State	5.9%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of H	lospitals** - Survey Year 1	990
PROFILE:		SPECIALTY SERVICES:
Total Beds	182	Burn Unit No
Occupancy Rate	75.0 %	Cardiac Intensive Care Yes
Ownership.Control F	Private, Non-Profit	Comprehensive Geriatric Yes
Medicare Discharges	25.7 %	Hospice CareYes
Case Mix Index (CMI)	1.2009	Medical/Surgical Intensive Care Yes
STAFFING:		Organ/Tissue Transplant No
Total Number of Physicians	170	Other Intensive Care No
Percent of Physicians Board Certified Specialists	70.0%	Trauma Center No
·		OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns		Alcohol/DrugNo
Registered Nurses	211	Rehabilitation No
Licensed Practical Nurses	23	Psychiatric Yes
** Except for CMI		Medicare Swing Beds No

^{*} Not used in calculating mortality rates

FAIRVIEW HOSPITAL

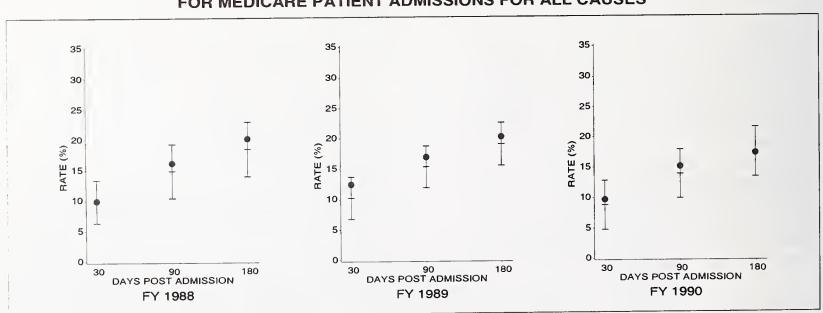
29 LEWIS AVE GREAT BARRINGTON, MA 01230 Medicare Provider Number: 220038

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

	MORTALITY RATES (%)									
		- 3	0 DAY	S	9	DAYS	3	180	DAYS	
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	556	9.7	8.8	2.0	15.1	13.9	2.0	17.3	17.5	2.1
CONDITIONS:										
Acute Myocardial Infarction	15	6.7	17.6		6.7	20.9		13.3	23.4	
Congestive Heart Failure	41	17.1	13.9		22.0	21.9		26.8	27.9	
Pneumonia/Influenza	26	7.7	14.2		19.2	20.1		23.1	23.6	
Chronic Obstructive Pulmonary Disease	6	0.0	7.8		0.0	13.3		0.0	18.0	
Transient Cerebral Ischemia	10	0.0	1.6		0.0	3.7		20.0	6.2	
Stroke	16	12.5	21.0		31.3	27.0		31.3	31.1	
Hip Fracture	29	10.3	5.0		17.2	9.1		17.2	12.2	
Sepsis	6	33.3	37.8		33.3	49.1		50.0	55.8	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	13	7.7	3.0		15.4	5.7		15.4	8.0	
Open Reduction of Hip Fracture	16	12.5	4.6		18.8	8.6		18.8	11.6	
Prostatectomy	9	0.0	0.9		0.0	2.3		0.0	4.3	
Cholecystectomy	10	0.0	1.2		0.0	2.0		0.0	2.6	
Hysterectomy	. 4	0.0	0.9		0.0	1.6		0.0	2.5	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



FAIRVIEW HOSPITAL Medicare Provider Number: 220038

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	77.7 years	Cancer	7.7 %
Proportion female		Chronic cardiovascular disease	32.2 %
DMISSION SOURCES/TYPES:		Chronic liver disease	1.6 %
Referred by personal or HMO physician	81.3 %	Chronic renal disease	2.2 %
Transferred from skilled nursing facility		Chronic pulmonary disease	11.5 %
Admitted for elective procedure		Cerebrovascular degeneration	6.3 %
Admitted for emergency		Diabetes mellitus	5.6 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	68.4%	Hospital	8.6 Days
State	0.6%	State	10.1 Days
Outside State	31.0%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	990
PROFILE:	SPECIALTY SERVICES:
Total Beds43	Burn Unit No
Occupancy Rate 65.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric Yes
Medicare Discharges 50.0 %	Hospice Care No
Case Mix Index (CMI) 1.2066	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board	Trauma Center No
Certified Specialists 80.0 %	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns 0	Alcohol/Drug No
Registered Nurses 41	RehabilitationNo
Licensed Practical Nurses	Psychiatric No
	Medicare Swing Beds No
** Except for CMI	

^{*} Not used in calculating mortality rates

FALMOUTH HOSPITAL

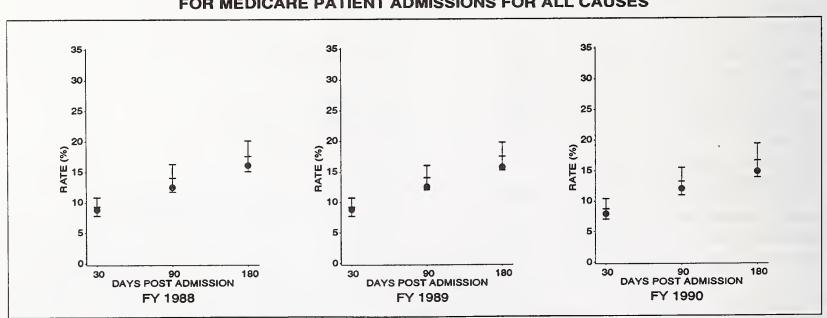
67&100 TER HEUN DR FALMOUTH, MA 02540 Medicare Provider Number: 220135

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

	NUMBER OF CASES	30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	1678	7.9	8.7	0.9	12.0	13.2	1.1	14.8	16.6	1.4	
CONDITIONS:											
Acute Myocardial Infarction	64	28.1	25.2	6.4	29.7	28.3	7.0	31.3	30.9	7.5	
Congestive Heart Failure	101	14.9	14.7	3.8	19.8	23.5	5.2	26.7	29.8	5.7	
Pneumonia/Influenza	107	10.3	15.2	5.0	15.0	21.4	6.3	17.8	25.7	7.0	
Chronic Obstructive Pulmonary Disease	28	10.7	7.9		14.3	13.6		17.9	17.9		
Transient Cerebrai Ischemia	20	0.0	1.2		0.0	3.1		10.0	5.7		
Stroke	66	16.7	17.5	6.7	27.3	24.3	5.6	30.3	28.3	5.8	
Hip Fracture	52	5.8	4.9	3.1	5.8	8.7	4.3	7.7	11.7	5.7	
Sepsis	25	16.0	22.7		24.0	29.1	••••	28.0	33.6		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
initial Pacemaker insertion	9	0.0	3.4		0.0	5.7		0.0	8.1		
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	40	2.5	3.5		2.5	6.5		5.0	8.9		
Open Reduction of Hip Fracture	28	3.6	4.3		3.6	7.9		3.6	10.7		
Prostatectomy	94	0.0	0.7	1.0	0.0	1.7	1.7	1.1	3.0	2.3	
Cholecystectomy	21	0.0	3.3		4.8	6.0		4.8	7.8		
Hysterectomy	6	0.0	0.4		0.0	0.9		0.0	1.5		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



FALMOUTH HOSPITAL

Medicare Provider Number: 220135

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	76.1 years	Cancer	6.7 %
Proportion female	54.5 %	Chronic cardiovascular disease	25.9 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.8 %
Referred by personal or HMO physician	28.1 %	Chronic renal disease	1.3 %
Transferred from skilled nursing facility	0.1 %	Chronic pulmonary disease	10.6 %
Admitted for elective procedure	3.8 %	Cerebrovascular degeneration	4.5 %
Admitted for emergency	10.0 %	Diabetes mellitus	5.8 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	86.4%	Hospital	8.5 Days
State	8.6%	State	10.1 Days
Outside State	5.0%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
Registered Nurses	Rehabilitation
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

FAULKNER HOSPITAL

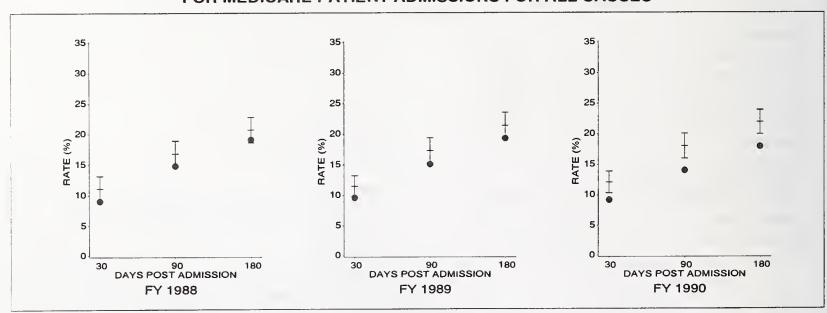
1153 CENTRE ST BOSTON, MA 02130 Medicare Provider Number: 220119

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)								
		30 DAYS		9	0 DAYS	3	180 DAYS			
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2107	9.2	12.1	0.9	14.0	18.0	1.0	17.9	21.9	1.0
CONDITIONS:										
Acute Myocardial Infarction	87	32.2	28.7	5.7	33.3	32.7	5.4	37.9	35.8	5.5
Congestive Heart Failure	99	6.1	16.5	5.5	11.1	25.9	7.5	23.2	32.5	6.0
Pneumonia/Influenza	7 5	6.7	17.1	5.2	8.0	23.3	6.7	12.0	27.1	6.8
Chronic Obstructive Pulmonary Disease	40	10.0	10.1		15.0	17.7		22.5	22.9	
Transient Cerebral Ischemia	13	0.0	3.8		7.7	8.5		7.7	13.5	
Stroke	93	19.4	23.0	5.4	29.0	30.6	5.1	34.4	34.9	5.9
Hip Fracture	74	5.4	7.6	3.8	8.1	13.4	6.7	9.5	17.1	8.6
Sepsis	28	14.3	23.4		17.9	32.0		21.4	36.7	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	20	10.0	4.9		15.0	9.0		20.0	12.8	
Carotid Endarterectomy	2	0.0	0.8		0.0	1.4		0.0	2.0	
Hip Replacement/Reconstruction	38	5.3	6.2		7.9	11.5		7.9	15.1	
Open Reduction of Hip Fracture	42	2.4	6.2		2.4	11.2		4.8	14.6	
Prostatectomy	66	3.0	2.0	1.9	7.6	4.8	3.5	9.1	8.0	4.0
Cholecystectomy	34	2.9	3.7		5.9	6.9		5.9	9.1	
Hysterectomy	14	0.0	0.4		0.0	1.0		0.0	1.9	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



FAULKNER HOSPITAL Medicare Provider Number: 220119

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	77.6 years	Cancer	8.7 %
Proportion female	63.5 %	Chronic cardiovascular disease	43.3 %
DMISSION SOURCES/TYPES:		Chronic liver disease	1.3 %
Referred by personal or HMO physician	21.8 %	Chronic renal disease	4.5 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	13.9 %
Admitted for elective procedure	13.1 %	Cerebrovascular degeneration	6.5 %
Admitted for emergency	74.8 %	Diabetes mellitus	8.9 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	69.3%	Hospital	9.7 Days
State	28.4%	State	10.1 Days
Outside State	2.3%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1	990
PROFILE:	SPECIALTY SERVICES:
Total Beds245	Burn Unit No
Occupancy Rate 63.0 %	Cardiac Intensive CareYes
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges 45.4 %	Hospice Care No
Case Mix Index (CMI) 1.3003	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 139	Other Intensive Care No
Percent of Physicians Board Certified Specialists 96.4 %	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugNo
Registered Nurses 203	RehabilitationNo
Licensed Practical Nurses	Psychiatric Yes
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

FRAMINGHAM UNION HOSPITAL

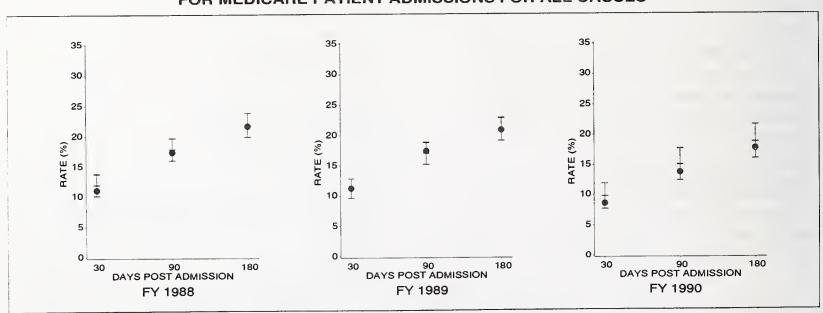
115 LINCOLN ST FRAMINGHAM, MA 01701 Medicare Provider Number: 220089

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	RTALIT	Y RATE	S (%)			
		30 DAYS			90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2061	8.6	9.8	1.0	13.7	15.0	1.3	17.7	18.8	1.4
CONDITIONS:										
Acute Myocardial Infarction	67	23.9	26.3	6.5	26.9	30.0	6.8	31.3	32.8	6.5
Congestive Heart Failure	81	21.0	15.8	6.3	24.7	24.6	5.1	33.3	31.0	5.5
Pneumonia/Influenza	76	10.5	15.2	5.0	13.2	21.0	6.4	21.1	25.2	5.8
Chronic Obstructive Pulmonary Disease	24	8.3	10.4		20.8	17.7		29.2	23.1	
Transient Cerebral Ischemia	46	0.0	2.2		0.0	4.6		4.3	7.1	
Stroke	62	19.4	23.8	7.9	32.3	30.8	8.6	33.9	34.7	7.7
Hip Fracture	76	6.6	7.6	3.2	11.8	14.3	4.7	14.5	18.9	6.5
Sepsis	26	15.4	21.8	****	26.9	29.4		30.8	34.0	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	17	0.0	3.3		5.9	6.3		5.9	9.2	
Carotid Endarterectomy	5	20.0	1.3		20.0	2.4		20.0	3.7	
Hip Replacement/Reconstruction	48	4.2	5.4		8.3	10.4		8.3	14.0	
Open Reduction of Hip Fracture	37	2.7	6.3		8.1	12.4		13.5	16.9	
Prostatectomy	56	1.8	0.9	1.9	1.8	2.0	2.3	1.8	3.3	3.0
Cholecystectomy	26	0.0	3.3		7.7	5.9		7.7	7.8	
Hysterectomy	11	0.0	1.3		0.0	2.7		9.1	4.0	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



FRAMINGHAM UNION HOSPITAL

Medicare Provider Number: 220089

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	76.0 years	Cancer	8.9 %
Proportion female	58.2 %	Chronic cardiovascular disease	40.1 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.9 %
Referred by personal or HMO physician	21.5 %	Chronic renal disease	2.4 %
Transferred from skilled nursing facility	5.6 %	Chronic pulmonary disease	15.0 %
Admitted for elective procedure	19.7 %	Cerebrovascular degeneration	6.2 %
Admitted for emergency	74.6 %	Diabetes mellitus	6.8 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	77.9%	Hospital	8.7 Days
State	18.5%	State	10.1 Days
Outside State	3.6%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	90
PROFILE:	SPECIALTY SERVICES:
Total Beds 241	Burn Unit No
Occupancy Rate 61.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges 28.3 %	Hospice Care No
Case Mix Index (CMI) 1.2371	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant Yes
Total Number of Physicians 143	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses 252	Alcohol/Drug No
Licensed Practical Nurses	Rehabilitation No
Licensed Fractical Nuises	Psychiatric Yes
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

FRANKLIN MEDICAL CENTER

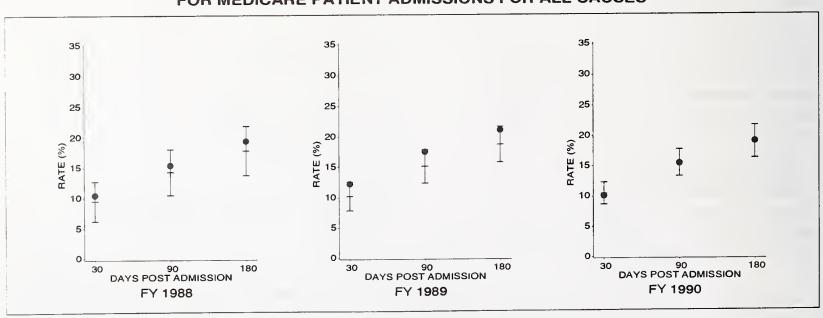
164 HIGH ST GREENFIELD, MA 01301 Medicare Provider Number: 220016

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

			MC	ORTALIT	YRATE	S (%)				
NUMBER OF CASES	30 DAYS			9	90 DAYS			180 DAYS		
	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
1392	10.1	10.5	0.9	15.4	15.5	1.1	19.1	19.0	1.4	
61	29.5	28.0	6.0	32.8	31.3	6.1	32.8	34.2	6.1	
97	10.3	13.8	5.1	25.8	22.2	5.5	35.1	28.5	6.3	
102	10.8	18.6	5.1	15.7	25.3	6.8	18.6	29.6	6.7	
19	10.5	8.9		10.5	14.5		15.8	19.0		
12	8.3	1.7		16.7	4.1		25.0	7.0		
68	22.1	22.0	5.0	26.5	28.6	6.3	30.9	32.5	7.8	
59	5.1	8.4	5.6	8.5	14.5	7.8	11.9	18.5	9.1	
7	14.3	16.8		14.3	21.9		14.3	25.5		
0										
0										
8	0.0	1.9		0.0	3.9		0.0	6.1		
. 0										
37	5.4	3.8		5.4	6.7		10.8	8.7		
32	3.1	8.4		6.3	15.0		9.4	19.3		
. 54	0.0	0.8	1.8	0.0	1.8	4.0	1.9	3.2	5.6	
21	4.8	2.7		4.8	4.6		4.8	5.7		
. 21	0.0	0.2		0.0	0.6		0.0	0.9		
	1392 61 97 102 19 12 68 59 7 0 0 8 0 37 32 54 21	NUMBER OF CASES 1392 10.1 61 29.5 97 10.3 102 10.8 19 10.5 12 8.3 68 22.1 59 5.1 7 14.3 0 0 0 8 0.0 0 37 5.4 32 3.1 54 0.0 21 4.8	NUMBER OF CASES OBS PRED 1392 10.1 10.5 61 29.5 28.0 97 10.3 13.8 102 10.8 18.6 19 10.5 8.9 12 8.3 1.7 68 22.1 22.0 59 5.1 8.4 7 14.3 16.8 0 0 1.9 0 37 5.4 3.8 32 3.1 8.4 54 0.0 0.8 21 4.8 2.7	NUMBER OF CASES OBS PRED SD* 1392 10.1 10.5 0.9 61 29.5 28.0 6.0 97 10.3 13.8 5.1 102 10.8 18.6 5.1 19 10.5 8.9 68 22.1 22.0 5.0 59 5.1 8.4 5.6 7 14.3 16.8 0 0 8 0.0 1.9 0 37 5.4 3.8 32 3.1 8.4 54 0.0 0.8 1.8 21 4.8 2.7	NUMBER OF CASES OBS PRED SD* OBS 1392 10.1 10.5 0.9 15.4 61 29.5 28.0 6.0 32.8 97 10.3 13.8 5.1 25.8 102 10.8 18.6 5.1 15.7 19 10.5 8.9 16.7 68 22.1 22.0 5.0 26.5 59 5.1 8.4 5.6 8.5 7 14.3 16.8 14.3 0 0 0 0 0 37 5.4 3.8 5.4 32 3.1 8.4 6.3 54 0.0 0.8 1.8 0.0 21 4.8 2.7 4.8	NUMBER OF CASES OBS PRED SD* OBS PRED OBS PRE	NUMBER OF CASES OBS PRED SD* OBS PRED SD* 1392 10.1 10.5 0.9 15.4 15.5 1.1 61 29.5 28.0 6.0 32.8 31.3 6.1 97 10.3 13.8 5.1 25.8 22.2 5.5 102 10.8 18.6 5.1 15.7 25.3 6.8 19 10.5 8.9 10.5 14.5 12 8.3 1.7 16.7 4.1 68 22.1 22.0 5.0 26.5 28.6 6.3 59 5.1 8.4 5.6 8.5 14.5 7.8 7 14.3 16.8 14.3 21.9 0 0 0.0 3.9 0 37 5.4 3.8 5.4 6.7 32	NUMBER OBS PRED SD* OBS OBS PRED SD* OBS OBS PRED SD* OBS OBS OBS PRED SD* OBS O	NUMBER OF CASES OBS PRED SD* OBS PRED SD* OBS PRED 1392 10.1 10.5 0.9 15.4 15.5 1.1 19.1 19.0 19.0 19.1 19.0 19.0 19.1 19.1	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



FRANKLIN MEDICAL CENTER Medicare Provider Number: 220016

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	76.4 years	Cancer	7.5 %
Proportion female	58.8 %	Chronic cardiovascular disease	40.8 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.4 %
Referred by personal or HMO physician	36.7 %	Chronic renal disease	4.1 %
Transferred from skilled nursing facility		Chronic pulmonary disease	20.5 %
Admitted for elective procedure		Cerebrovascular degeneration	4.5 %
		Diabetes mellitus	5.6 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	۷:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City		Hospital	
Outside State		National	
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
Licensed Practical Nurses	Psychiatric

^{*} Not used in calculating mortality rates

GLOVER MEMORIAL HOSPITAL

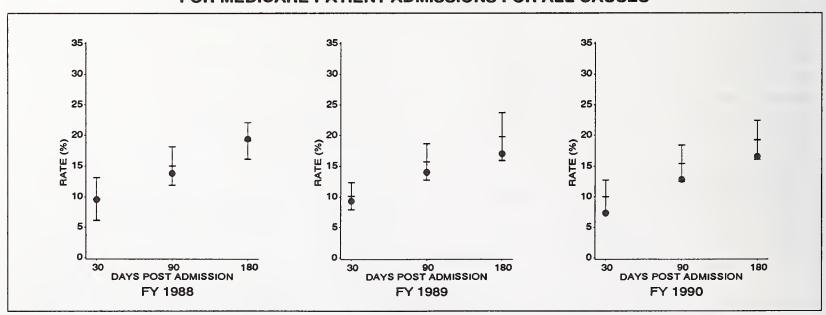
148 CHESTNUT ST NEEDHAM, MA 02192 Medicare Provider Number: 220083

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	ORTALIT	RTALITY RATES (%)					
	NUMBER OF CASES	30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	1012	7.3	10.0	1.4	12.8	15.4	1.5	16.5	19.2	1.6	
CONDITIONS:											
Acute Myocardiai infarction	37	29.7	31.1		32.4	34.1		32.4	36.8		
Congestive Heart Failure	56	5.4	16.9	6.6	17.9	26.3	8.0	25.0	32.7	7.4	
Pneumonia/influenza	57	12.3	17.2	7.5	24.6	23.3	6.9	24.6	27.2	6.4	
Chronic Obstructive Puimonary Disease	8	0.0	8.4		0.0	14.7		0.0	19.2		
Transient Cerebrai Ischemia	18	0.0	1.4		0.0	3.4		11.1	5.7		
Stroke	35	20.0	23.4		31.4	31.8		34.3	36.0		
HIp Fracture	37	10.8	8.7		13.5	15.9		13.5	20.9		
Sepsis	10	10.0	21.8		20.0	29.3		30.0	33.9		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker insertion	12	8.3	2.7		8.3	4.7		8.3	6.6		
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	23	4.3	8.1	*****	4.3	15.2		4.3	20.4		
Open Reduction of Hip Fracture	15	20.0	8.3		20.0	16.5		20.0	22.6		
Prostatectomy	30	3.3	1.4		3.3	3.0		3.3	4.8		
Cholecystectomy	10	0.0	3.4		0.0	7.2		0.0	10.4		
Hysterectomy	5	0.0	0.1		0.0	0.4		0.0	0.8		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



GLOVER MEMORIAL HOSPITAL Medicare Provider Number: 220083

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	78.9 years	Cancer	6.7 %
Proportion female	65.2 %	Chronic cardiovascular disease	35.1 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.6 %
Referred by personal or HMO physician	35.5 %	Chronic renal disease	2.4 %
Transferred from skilled nursing facility	0.1 %	Chronic pulmonary disease	13.1 %
Admitted for elective procedure	18.3 %	Cerebrovascular degeneration	5.0 %
Admitted for emergency	68.9 %	Diabetes mellitus	4.8 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	83.1%	Hospital	8.3 Days
State	14.3%	State	10.1 Days
Outside State	2.6%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

GODDARD MEMORIAL HOSPITAL

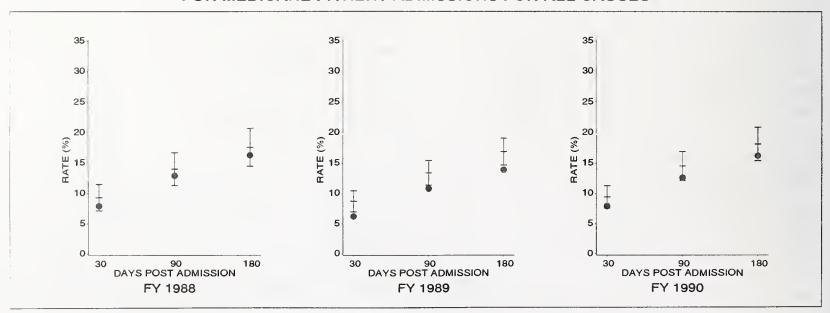
909 SUMMER ST STOUGHTON, MA 02072 Medicare Provider Number: 220111

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
	NUMBER OF CASES	30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	1713	7.9	9.4	0.9	12.6	14.5	1.2	16.2	18.1	1.4	
CONDITIONS:											
Acute Myocardial Infarction	69	24.6	26.3	7.7	29.0	29.7	8.0	33.3	32.4	7.9	
Congestive Heart Failure	85	15.3	16.0	6.7	21.2	25.9	8.5	29.4	32.8	9.7	
Pneumonia/Influenza	70	18.6	17.9	4.6	21.4	23.9	5.4	22.9	27.9	6.2	
Chronic Obstructive Pulmonary Disease	22	13.6	10.3		13.6	17.6		13.6	22.6		
Transient Cerebral Ischemia	25	0.0	1.6		4.0	3.5		8.0	5.7		
Stroke	57	14.0	19.2	6.0	15.8	27.1	7.9	17.5	31.3	8.9	
Hip Fracture	36	5.6	8.2		16.7	14.3		16.7	18.3		
Sepsis	16	6.3	24.6		12.5	34.3		31.3	39.6		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	34	0.0	5.1		5.9	9.6		14.7	13.3		
Carotid Endarterectomy	5	0.0	0.8		0.0	1.6		0.0	2.6		
Hip Replacement/Reconstruction	15	0.0	3.4		6.7	6.0		6.7	7.6		
Open Reduction of Hip Fracture	11	0.0	7.9		9.1	14.0		9.1	18.2		
Prostatectomy	46	0.0	0.9		4.3	2.2		4.3	3.7		
Cholecystectomy	38	0.0	2.6		0.0	4.8		0.0	6.4		
Hysterectomy	11	0.0	0.7		0.0	1.7		0.0	2.7		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



GODDARD MEMORIAL HOSPITAL Medicare Provider Number: 220111

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.7 years	Cancer	8.4 %
Proportion female	59.2 %	Chronic cardiovascular disease	43.1 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.8 %
Referred by personal or HMO physician	35.5 %	Chronic renal disease	3.6 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	15.5 %
Admitted for elective procedure	14.5 %	Cerebrovascular degeneration	6.0 %
Admitted for emergency		Diabetes mellitus	7.4 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	34.5%	Hospital	13.0 Days
State	64.2%	State	10.1 Days
Outside State	1.3%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990 PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
Elosisca i radioai Naisce	Psychiatric
** Except for CMI	

^{*} Not used in calculating mortality rates

HANNEMANN HOSPITAL

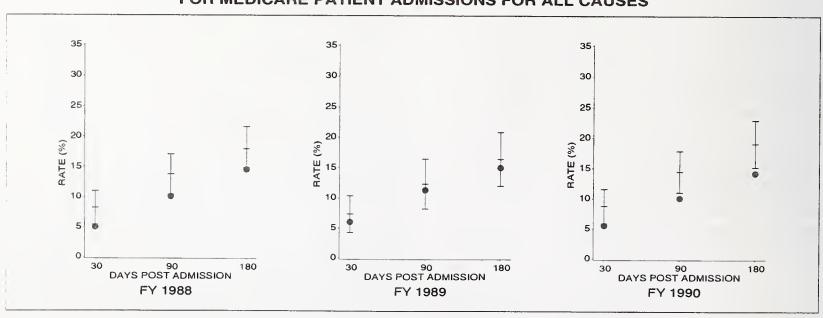
1515 COMMONWEALTH AVE BRIGHTON, MA 02135 Medicare Provider Number: 220120

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	ORTALIT	YRATE	S (%)				
24	NUMBER OF CASES		30 DAYS			90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	632	5.5	8.7	1.4	10.0	14.4	1.7	14.1	19.0	1.9	
CONDITIONS:											
Acute Myocardial Infarction	0										
Congestive Heart Failure	5	40.0	28.6		60.0	40.8		60.0	48.6		
Pneumonia/Influenza	58	19.0	24.6	7.5	24.1	34.9	9.1	31.0	41.6	10.0	
Chronic Obstructive Pulmonary Disease	2	0.0	7.4		0.0	14.3		0.0	20.0		
Transient Cerebral Ischemia	3	0.0	6.7		0.0	16.2		0.0	25.7		
Stroke	5	0.0	13.5		20.0	22.3		20.0	28.2		
Hip Fracture	2	0.0	12.3		0.0	26.3		0.0	36.7		
Sepsis	32	28.1	35.4		37.5	46.7		43.8	53.5		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	0										
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	1	0.0	1.3		0.0	2.6		0.0	3.6		
Open Reduction of Hip Fracture	0										
Prostatectomy	2	0.0	2.7		50.0	6.1		50.0	10.0		
Cholecystectomy	0										
Hysterectomy	0										

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (* 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



HANNEMANN HOSPITAL

Medicare Provider Number: 220120

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS: Average age at admission	COMORBIDITIES: Cancer
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ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	18.6%	Hospital	9.7 Days
State		State	10.1 Days
Outside State		National	8.6 Days
Total	100.0%		

ROFILE:		SPECIALTY SERVICES:	
Total Beds	52	Burn Unit	No
Ownership.Control Private, Non-Pro	fit	Coronary Care Unit	No
Case Mix Index (CMI) 0.98	70	Hospice Care	No
TAFFING:		Intensive Care Unit	N
Medical Residents/Interns	3	Organ Transplant	N
Registered Nurses	27	Trauma Center	N
Licensed Practical Nurses	4	OTHER SPECIALTY/HOSPITAL-BASED SERVICES	3:
		Alcohol/Drug	Ν
		Rehabilitation	N
		Psychiatric	Ν
		Medicare Swing Beds	Ν

^{*} Not used in calculating mortality rates

HARRINGTON MEMORIAL HOSPITAL

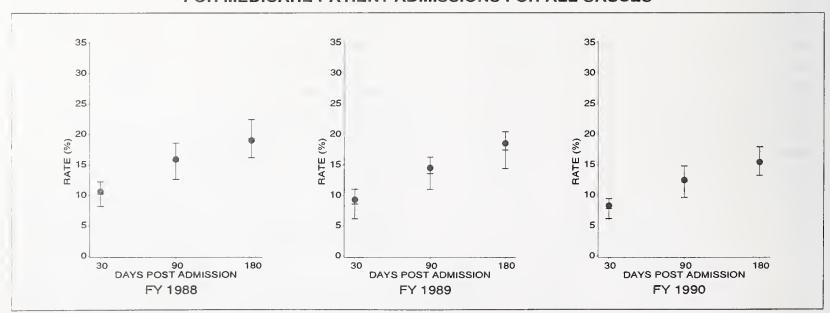
100 SOUTH ST SOUTHBRIDGE, MA 01550 Medicare Provider Number: 220019

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

-			М	ORTALIT	Y RATE	S (%)				
	30 DAYS			9	90 DAYS			180 DAYS		
NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
1076	8.3	7.8	0.8	12.5	12.2	1.3	15.4	15.6	1.2	
40	20.0	24.4		20.0	26.9		22.5	29.3		
53	7.5	15.3	9.0	24.5	24.5	7.8	32.1	31.0	6.6	
39	12.8	14.3		20.5	19.7		23.1	23.7		
11	0.0	6.0		0.0	10.6		0.0	14.3		
21	9.5	1.4		14.3	3.3		23.8	5.6		
27	18.5	17.9		29.6	24.5		37.0	28.4		
32	3.1	6.5		9.4	12.0		15.6	16.0		
14	7.1	27.3		14.3	33.5		21.4	38.4		
0										
0										
14	0.0	4.0		7.1	7.4		14.3	10.2		
5	0.0	1.0		0.0	1.9		0.0	2.8		
28	0.0	3.4		3.6	6.3		7.1	8.7		
15	0.0	4.6		6.7	8.7		6.7	11.8		
61	0.0	0.9	1.5	0.0	2.2	3.1	1.6	3.7	3.8	
15	0.0	3.7		0.0	6.1		0.0	7.5		
6	0.0	0.1		0.0	0.2		0.0	0.3		
	0F CASES 1076 40 53 39 11 21 27 32 14 0 0 14 5 28 15 61 15	NUMBER OF CASES OBS 1076 8.3 40 20.0 53 7.5 39 12.8 11 0.0 21 9.5 27 18.5 32 3.1 14 7.1 0 0 0 14 0.0 5 0.0 28 0.0 15 0.0 61 0.0 15 0.0	NUMBER OF CASES OBS PRED 1076 8.3 7.8 40 20.0 24.4 53 7.5 15.3 39 12.8 14.3 11 0.0 6.0 21 9.5 1.4 27 18.5 17.9 32 3.1 6.5 14 7.1 27.3 0 0 4.0 5 0.0 1.0 28 0.0 3.4 15 0.0 4.6 61 0.0 0.9 15 0.0 3.7	30 DAYS NUMBER OF CASES OBS PRED SD* 1076 8.3 7.8 0.8 40 20.0 24.4 53 7.5 15.3 9.0 39 12.8 14.3 21 9.5 1.4 27 18.5 17.9 32 3.1 6.5 14 7.1 27.3 0 0 4.0 5 0.0 1.0 28 0.0 3.4 15 0.0 4.6 61 0.0 0.9 1.5 15 0.0 3.7	NUMBER OF CASES OBS PRED SD* OBS 1076 8.3 7.8 0.8 12.5 40 20.0 24.4 20.0 53 7.5 15.3 9.0 24.5 39 12.8 14.3 20.5 11 0.0 6.0 0.0 21 9.5 1.4 14.3 27 18.5 17.9 29.6 32 3.1 6.5 9.4 14 7.1 27.3 14.3 0 0 14.3 0 0 0.0 14 0.0 4.0 7.1 5 0.0 1.0 0.0 28 0.0 3.4 6.7 61 0.0 0.9 1.5 0.0 15 0.0 3.	NUMBER OF CASES OBS PRED SD* OBS PRED 1076 8.3 7.8 0.8 12.5 12.2 40 20.0 24.4 20.0 26.9 53 7.5 15.3 9.0 24.5 24.5 39 12.8 14.3 20.5 19.7 11 0.0 6.0 0.0 10.6 21 9.5 1.4 29.6 24.5 32 3.1 6.5 9.4 12.0 14 7.1 27.3 14.3 33.5 0 0 14.3 33.5 0 0 0.0 1.9 28 0.0 3.4 0.0 1.9 28 0.0 3.4 6.7 8.7 61 0.0 0.9 1.5 0.0 2.2 15	NUMBER OF CASES OBS PRED SD* OBS PRED SD* 1076 8.3 7.8 0.8 12.5 12.2 1.3 40 20.0 24.4 20.0 26.9 53 7.5 15.3 9.0 24.5 24.5 7.8 39 12.8 14.3 20.5 19.7 11 0.0 6.0 0.0 10.6 21 9.5 1.4 14.3 3.3 27 18.5 17.9 29.6 24.5 32 3.1 6.5 9.4 12.0 14 7.1 27.3 14.3 33.5 0 0 7.1 7.4 5 0.0 1.0 0.0 1.9 28 0.0 3.4	NUMBER OF CASES OBS PRED SD* OBS PRED SD* OBS OB	NUMBER OF CASES OBS PRED SD* OB	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



HARRINGTON MEMORIAL HOSPITAL Medicare Provider Number: 220019

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:	COMORBIDITIES:
Average age at admission	Chronic cardiovascular disease
	.0 % Diabetes mellitus 7.1 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 199	90
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
Medicare Discharges	Medical/Surgical Intensive Care Yes Organ/Tissue Transplant No Other Intensive Care No
Percent of Physicians Board Certified Specialists 79.2 % Medical Residents/Interns 0 Registered Nurses 85 Licensed Practical Nurses 27	Trauma Center
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

HAVERHILL MUNICIPAL HOSPITAL

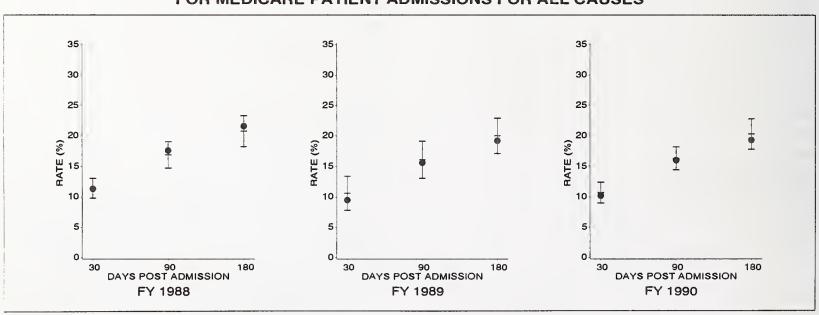
140 LINCOLN AVENUE
HAVERHILL, MA 01830
Medicare Provider Number: 220041

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				МС	ORTALIT	Y RATE	S (%)				
		30 DAYS			90 DAYS			18	180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	1655	10.2	10.7	0.9	16.0	16.3	0.9	19.3	20.3	1.3	
CONDITIONS:											
Acute Myocardial Infarction	74	32.4	27.1	11.8	37.8	30.4	11.9	40.5	33.1	12.0	
Congestive Heart Failure	145	12.4	15.0	6.1	20.7	24.0	5.7	31.0	30.5	5.8	
Pneumonia/Influenza	113	19.5	17.8	3.9	27.4	24.8	4.8	31.9	29.5	4.7	
Chronic Obstructive Pulmonary Disease	26	7.7	9.1		19.2	16.2		19.2	21.5		
Transient Cerebral Ischemia	28	0.0	1.5		0.0	3.5		0.0	5.8		
Stroke	64	10.9	17.8	5.9	14.1	24.3	7.1	17.2	28.4	7.9	
Hip Fracture	60	1.7	6.1	4.5	5.0	11.1	6.3	10.0	14.8	6.4	
Sepsis	28	28.6	26.6		35.7	36.0		46.4	40.7		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	17	0.0	4.1		0.0	8.1		0.0	11.7		
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	25	0.0	4.3		4.0	8.1	****	4.0	11.0		
Open Reduction of Hip Fracture	33	3.0	5.6		6.1	10.5		12.1	14.2		
Prostatectomy	48	2.1	0.9		2.1	2.1		4.2	3.7		
Cholecystectomy	19	0.0	2.1		5.3	4.1		5.3	5.7		
Hysterectomy	9	0.0	0.2		0.0	0.4		0.0	0.8		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



HAVERHILL MUNICIPAL HOSPITAL Medicare Provider Number: 220041

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	77.1 years	Cancer	9.3 %
Proportion female	61.0 %	Chronic cardiovascular disease	38.2 %
DMISSION SOURCES/TYPES:		Chronic liver disease	1.0 %
Referred by personal or HMO physician	34.4 %	Chronic renal disease	2.7 %
Transferred from skilled nursing facility		Chronic pulmonary disease	23.1 %
Admitted for elective procedure		Cerebrovascular degeneration	8.7 %
Admitted for emergency		Diabetes mellitus	9.5 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	v :	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	84.1% 3.5%	Hospital State National	10.1 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	990
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
Percent of Physicians Board Certified Specialists	Trauma Center
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

HENRY HEYWOOD MEMORIAL HOSPITAL

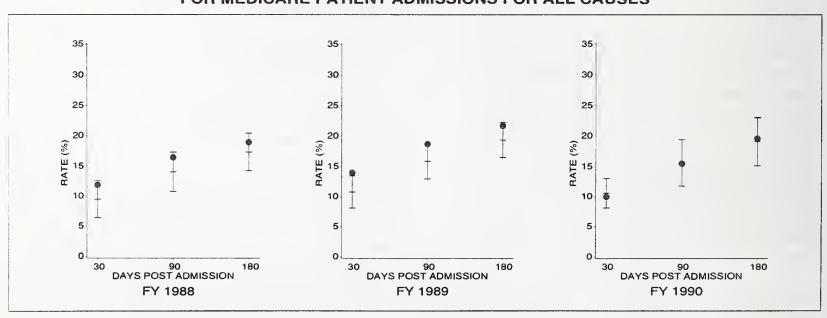
242 GREEN ST GARDNER, MA 01440 Medicare Provider Number: 220095

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	ORTALITY RATES (%)							
	NUMBER OF CASES	30 DAYS			90 DAYS			180 DAYS				
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*		
ALL CAUSES	1115	10.0	10.6	1.2	15.5	15.6	1.9	19.6	19.1	2.0		
CONDITIONS:												
Acute Myocardial Infarction	51	33.3	26.7	13.4	39.2	29.6	13.3	39.2	32.3	13.3		
Congestive Heart Failure	83	8.4	15.6	5.8	15.7	24.7	7.2	22.9	31.2	7.1		
Pneumonia/Influenza	51	17.6	17.1	5.6	21.6	23.2	7.3	25.5	27.1	9.2		
Chronic Obstructive Pulmonary Disease	15	6.7	5.4		13.3	10.6		13.3	15.1			
Transient Cerebral Ischemia	20	0.0	1.7		0.0	4.2		5.0	7.1			
Stroke	47	17.0	22.2		21.3	28.5		31.9	32.4			
Hip Fracture	36	0.0	5.8		5.6	10.4		8.3	13.6			
Sepsis	10	10.0	26.4		20.0	34.7		30.0	39.0			
PROCEDURES:												
Angioplasty	0											
Coronary Artery Bypass Graft	0											
Initial Pacemaker Insertion	6	0.0	5.5		0.0	9.8		16.7	13.0			
Carotid Endarterectomy	4	0.0	1.0		0.0	1.9		0.0	2.8			
Hip Replacement/Reconstruction	23	0.0	4.2		4.3	7.5		4.3	10.1			
Open Reduction of Hip Fracture	5	0.0	3.9		0.0	7.4		0.0	10.5			
Prostatectomy	21	0.0	0.5		0.0	1.2		0.0	2.2			
Cholecystectomy	18	0.0	2.9		5.6	5.3		5.6	6.7			
Hysterectomy	3	0.0	0.2		0.0	0.6		0.0	0.9			

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



HENRY HEYWOOD MEMORIAL HOSPITAL

Medicare Provider Number: 220095

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:	COMORBIDITIES:
Average age at admission	Cancer

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City State Outside State	95.5% 2.0% 2.5%	Hospital State National	10.1 Days

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds 124	Burn Unit No
Occupancy Rate 59.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges	Hospice Care No
Case Mix Index (CMI) 1.1790	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians47	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns 0	Alcohol/DrugNo
Registered Nurses 115	Rehabilitation No
Licensed Practical Nurses	Psychiatric Yes
	Medicare Swing Beds No
** Except for CMI	

^{*} Not used in calculating mortality rates

HERITAGE HOSPITAL

26 CENTRAL ST SOMERVILLE, MA 02143 Medicare Provider Number: 220068

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)										
	NUMBER OF CASES	30 DAYS			9	0 DAYS	3	18	180 DAYS			
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*		
ALL CAUSES	183	0.0	0.5	0.8	1.1	1.4	1.0	1.6	2.5	1.8		
CONDITIONS:												
Acute Myocardial Infarction	0											
Congestive Heart Failure	0											
Pneumonia/Influenza	0											
Chronic Obstructive Pulmonary Disease	0											
Transient Cerebral Ischemia	0											
Stroke	0											
Hip Fracture	0											
Sepsis	0											
PROCEDURES:												
Angioplasty	0											
Coronary Artery Bypass Graft	0											
Initial Pacemaker Insertion	0											
Carotid Endarterectomy	0											
Hip Replacement/Reconstruction	0											
Open Reduction of Hip Fracture	0											
Prostatectomy	0											
Cholecystectomy	0											
Hysterectomy	0											

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES

No Graphs are presented when the standard deviation was not computed for one or more of the three fiscal years, (1988, 1989, or 1990)

HERITAGE HOSPITAL Medicare Provider Number: 220068

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	49.4 years	Cancer	0.0 %
Proportion female		Chronic cardiovascular disease	12.0 %
DMISSION SOURCES/TYPES:		Chronic liver disease	7.1 %
Referred by personal or HMO physician	2.2 %	Chronic renal disease	0.0 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	17.5 %
Admitted for elective procedure		Cerebrovascular degeneration	13.1 %
Admitted for emergency		Diabetes mellitus	2.2 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City State Outside State Total	2.8%	HospitalStateNational	10.1 Days

Course Administration (OS)	CAB** - Sur	vey Vear 1990	
SOURCE: Health Care Financing Administration (OSC	ican) - Sui	vey 1821 1330	
PROFILE:		SPECIALTY SERVICES:	i
Total Beds93	3	Burn Unit	No
Ownership/Control Private, For Profit	t	Coronary Care Unit	No
Case Mix Index (CMI) 0.6405	5	Hospice Care	No
STAFFING:		Intensive Care Unit	No
Medical Residents/Interns5	5	Organ Transplant	No
Registered Nurses 26	6	Trauma Center	No
Licensed Practical Nurses	3	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:	
		Alcohol/DrugY	es
		Rehabilitation Y	es
		Psychiatric Y	'es
		Medicare Swing Beds	No
** Except for CMI			

^{*} Not used in calculating mortality rates

HILLCREST HOSPITAL

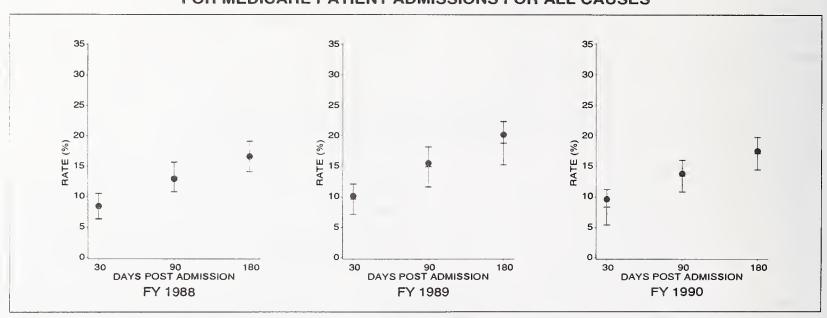
165 TOR COURT
PITTSFIELD, MA 01201
Medicare Provider Number: 220107

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY		30 DAYS			9	90 DAYS			180 DAYS		
	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	840	9.6	8.3	1.4	13.8	13.4	1.3	17.5	17.1	1.3	
CONDITIONS:											
Acute Myocardial Infarction	19	15.8	21.7		15.8	24.8		15.8	27.7		
Congestive Heart Failure	47	29.8	14.6		34.0	23.4		36.2	30.2		
Pneumonia/Influenza	62	14.5	15.0	5.1	17.7	20.9	6.2	25.8	24.8	6.5	
Chronic Obstructive Pulmonary Disease	20	5.0	5.9		10.0	10.6		25.0	14.6		
Transient Cerebral Ischemia	13	0.0	3.8		0.0	8.2		7.7	12.3		
Stroke	25	24.0	21.0		28.0	29.0		32.0	33.7		
Hip Fracture	27	7.4	6.7		18.5	12.7		22.2	17.1		
Sepsis	1	100.0	63.5		100.0	72.0		100.0	77.7		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	11	9.1	3.8		9.1	7.0		9.1	9.5		
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	18	11.1	4.9		11.1	9.8		16.7	13.5		
Open Reduction of Hip Fracture	8	0.0	6.1		25.0	10.9		25.0	14.3		
Prostatectomy	20	0.0	2.2		0.0	5.0		5.0	7.9		
Cholecystectomy	10	0.0	3.1		0.0	5.8		10.0	7.9		
Hysterectomy	6	0.0	0.1		0.0	0.1		16.7	0.3		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



HILLCREST HOSPITAL Medicare Provider Number: 220107

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	76.2 years	Cancer	7.7 %
Proportion female		Chronic cardiovascular disease	38.3 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.4 %
Referred by personal or HMO physician	98.9 %	Chronic renal disease	1.7 %
Transferred from skilled nursing facility		Chronic pulmonary disease	19.2 %
Admitted for elective procedure		Cerebrovascular degeneration	6.0 %
Admitted for emergency		Diabetes mellitus	6.8 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION County/City	80.4% 2.8%	MEDICARE AVERAGE LENGTH OF STAY: Hospital State National	10.1 Days
Outside State		National	8.6 Days

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1	990
PROFILE:	SPECIALTY SERVICES:
Total Beds	Duffi Offit
Occupancy Rate 60.0 %	Cardiac Intensive Care
Ownership.Control Private, Non-Profit	Comprehensive Geriatric Yes
Medicare Discharges 39.6 %	Hospice Care No
Case Mix Index (CMI) 1.1171	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 74	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns 0	Alcohol/DrugYes
Registered Nurses 107	Rehabilitation No
Licensed Practical Nurses	Psychiatric No
	Medicare Swing Beds No
** Except for CMI	

^{*} Not used in calculating mortality rates

HOLY FAMILY HOSPITAL & MEDICAL CENTER

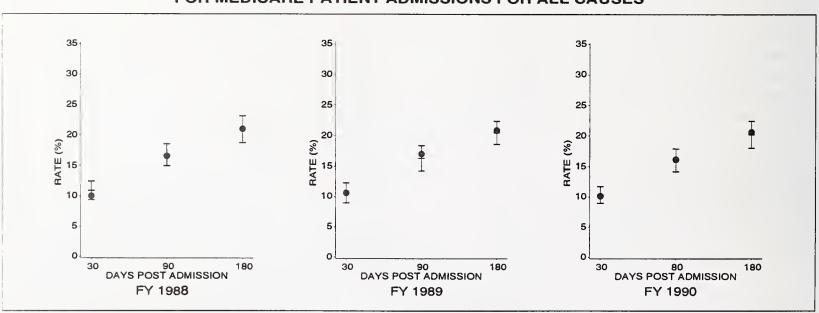
70 EAST ST METHUEN, MA 01844 Medicare Provider Number: 220080

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	ORTALIT	Y RATE	S (%)				
CATEGORY		30 DAYS			9	90 DAYS			180 DAYS		
	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	2116	10.1	10.3	0.7	16.1	16.0	0.9	20.6	20.2	1.1	
CONDITIONS:											
Acute Myocardial Infarction	70	27.1	29.0	5.7	34.3	32.1	5.8	34.3	35.0	6.0	
Congestive Heart Failure	115	16.5	15.4	5.1	22.6	24.3	4.3	31.3	30.9	4.8	
Pneumonia/Influenza	108	23.1	20.1	5.1	29.6	27.7	5.6	36.1	32.5	6.1	
Chronic Obstructive Pulmonary Disease	26	3.8	12.3		15.4	21.0		23.1	26.4		
Transient Cerebral Ischemia	46	4.3	2.1		4.3	4.5		6.5	7.0		
Stroke	89	15.7	19.7	4.8	25.8	26.7	4.7	30.3	30.7	5.8	
Hip Fracture	49	8.2	6.4		18.4	11.4		22.4	14.9		
Sepsis	22	22.7	22.8		40.9	31.3		40.9	36.6		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	18	5.6	6.6		16.7	11.6		22.2	15.7		
Carotid Endarterectomy	15	0.0	1.6		0.0	3.0		0.0	4.3		
Hip Replacement/Reconstruction	21	0.0	4.0		9.5	7.3		19.0	9.6		
Open Reduction of Hip Fracture	31	9.7	5.8		19.4	10.5		22.6	13.9		
Prostatectomy	51	2.0	1.0	1.6	2.0	2.2	2.4	3.9	3.7	2.7	
Cholecystectomy	25	0.0	1.9		4.0	3.5		4.0	4.7		
Hysterectomy	12	0.0	0.2		0.0	0.5		0.0	0.9		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (*2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



HOLY FAMILY HOSPITAL & MEDICAL CENTER Medicare Provider Number: 220080

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	10.4.0/
Average age at admission	75.7 years	Cancer	
Proportion female	59.1 %	Chronic cardiovascular disease	32.6 %
DMISSION SOURCES/TYPES:		Chronic liver disease	0.5 %
Referred by personal or HMO physician	28.0 %	Chronic renal disease	3.5 %
Transferred from skilled nursing facility		Chronic pulmonary disease	17.3 %
Admitted for elective procedure		Cerebrovascular degeneration	6.9 %
		Diabetes mellitus	6.5 %
Admitted for emergency	47.0 /0		

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	80.9% 3.5%	Hospital	10.1 Days
Outside State Total		National	6.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year	1990
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
Total Number of Physicians 209 Percent of Physicians Board Certified Specialists 64.6 % Medical Residents/Interns 0 Registered Nurses 199 Licensed Practical Nurses 40 ** Except for CMI	Other Intensive Care

^{*} Not used in calculating mortality rates

HOLYOKE HOSPITAL INC

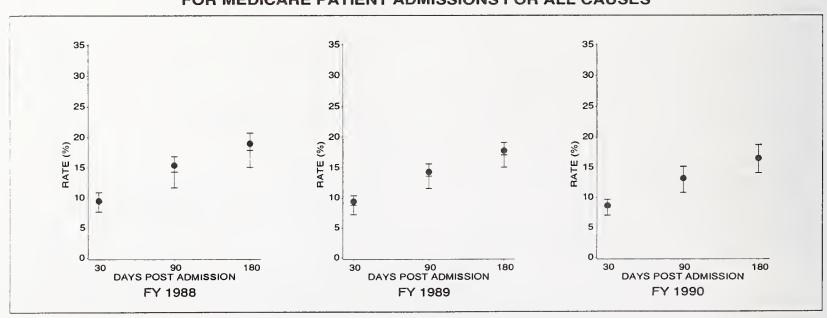
575 BEECH ST HOLYOKE, MA 01040 Medicare Provider Number: 220024

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)										
CATEGORY		30 DAYS			9	90 DAYS			180 DAYS			
	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*		
ALL CAUSES	2193	8.7	8.4	0.7	13.2	13.0	1.1	16.5	16.4	1.2		
CONDITIONS:												
Acute Myocardial Infarction	93	32.3	22.7	8.0	33.3	25.9	8.5	35.5	28.7	8.3		
Congestive Heart Failure	107	14.0	14.5	3.4	23.4	23.3	4.3	30.8	29.5	5.		
Pneumonia/Influenza	121	12.4	15.7	4.2	24.8	21.8	4.3	28.9	25.8	4.7		
Chronic Obstructive Pulmonary Disease	38	10.5	7.5		15.8	13.6		18.4	18.3			
Transient Cerebral Ischemia	36	0.0	1.5		0.0	3.4		2.8	5.5			
Stroke	74	17.6	16.9	5.0	25.7	24.1	7.0	29.7	27.9	6.		
Hip Fracture	73	2.7	7.9	4.9	15.1	13.9	6.1	20.5	17.8	5.		
Sepsis	15	20.0	16.7		33.3	25.0		33.3	29.2			
PROCEDURES:												
Angioplasty	0											
Coronary Artery Bypass Graft	0											
Initial Pacemaker Insertion	17	11.8	3.1		17.6	5.7		23.5	8.1			
Carotid Endarterectomy	2	0.0	1.3		0.0	2.8		. 0.0	4.5			
Hip Replacement/Reconstruction	31	3.2	3.9		16.1	7.6		19.4	10.5			
Open Reduction of Hip Fracture	33	3.0	8.2		12.1	15.0		12.1	19.4			
Prostatectomy	58	1.7	1.1	1.5	1.7	2.6	2.2	1.7	4.4	3.		
Cholecystectomy	32	3.1	3.4		6.3	6.5		12.5	9.1			
Hysterectomy	18	0.0	8.0		0.0	2.1		0.0	3.6			

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



HOLYOKE HOSPITAL INC Medicare Provider Number: 220024

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.2 years	Cancer	6.3 %
Proportion female	58.6 %	Chronic cardiovascular disease	40.9 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.1 %
Referred by personal or HMO physician	37.4 %	Chronic renal disease	1.6 %
Transferred from skilled nursing facility	0.2 %	Chronic pulmonary disease	17.7 %
Admitted for elective procedure	14.5 %	Cerebrovascular degeneration	5.7 %
Admitted for emergency		Diabetes mellitus	12.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	75.3%	Hospital	10.8 Days
State	23.3%	State	10.1 Days
Outside State	1.4%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	90
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
Medical Residents/Interns 0 Registered Nurses 142 Licensed Practical Nurses 59 ** Except for CMI	Alcohol/Drug

^{*} Not used in calculating mortality rates

HUBBARD REGIONAL HOSPITAL

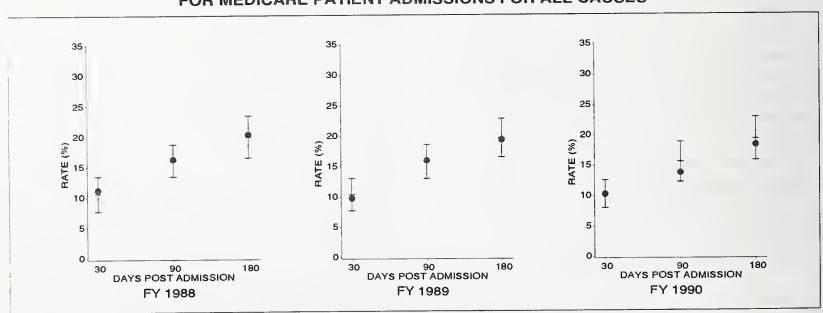
340 THOMPSON ROAD WEBSTER, MA 01570 Medicare Provider Number: 220025

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)										
	NUMBER OF CASES	30 DAYS			90 DAYS			180 DAYS				
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*		
ALL CAUSES	773	10.3	10.3	1.1	13.8	15.6	1.7	18.4	19.4	1.8		
CONDITIONS:												
Acute Myocardial Infarction	22	36.4	30.0		45.5	32.6		45.5	35.1			
Congestive Heart Failure	51	13.7	17.7	8.4	21.6	27.5	8.2	31.4	34.3	7.4		
Pneumonia/Influenza	45	13.3	16.9		13.3	23.3		17.8	27.7			
Chronic Obstructive Pulmonary Disease	11	0.0	9.0		0.0	15.2		18.2	20.9			
Transient Cerebral Ischemia	6	0.0	1.7		0.0	4.0		0.0	6.5			
Stroke	22	22.7	23.5		22.7	30.7		31.8	35.4			
Hip Fracture	20	10.0	7.7		20.0	14.0		30.0	18.5			
Sepsis	10	40.0	25.5		50.0	34.1		70.0	39.2			
PROCEDURES:												
Angioplasty	0											
Coronary Artery Bypass Graft	0											
Initial Pacemaker Insertion	2	0.0	17.6		0.0	22.9		0.0	26.3			
Carotid Endarterectomy	0											
Hip Replacement/Reconstruction	6	0.0	7.3		0.0	13.7		33.3	18.5			
Open Reduction of Hip Fracture	10	10.0	7.1		30.0	13.4		30.0	18.2			
Prostatectomy	53	0.0	0.6	1.2	0.0	1.6	2.2	1.9	2.8	2.5		
Cholecystectomy	8	0.0	1.6		0.0	2.4		0.0	3.0			
Hysterectomy	4	0.0	1.8		0.0	3.0		0.0	4.2			

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



HUBBARD REGIONAL HOSPITAL Medicare Provider Number: 220025

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	77.6 years	Cancer	6.9 %
Proportion female	58.3 %	Chronic cardiovascular disease	29.2 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.4 %
Referred by personal or HMO physician	25.0 %	Chronic renal disease	2.5 %
Transferred from skilled nursing facility	13.7 %	Chronic pulmonary disease	8.7 %
Admitted for elective procedure	28.5 %	Cerebrovascular degeneration	7.9 %
Admitted for emergency	27.3 %	Diabetes mellitus	7.4 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	92.5%	Hospital	9.3 Days
State	0.2%	State	10.1 Days
Outside State	7.3%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds 58	Burn Unit No
Occupancy Rate 70.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges 63.0 %	Hospice Care No
Case Mix Index (CMI) 1.0603	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugNo
	Rehabilitation No
Licensed Practical Nurses	Psychiatric No
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

J B THOMAS HOSPITAL

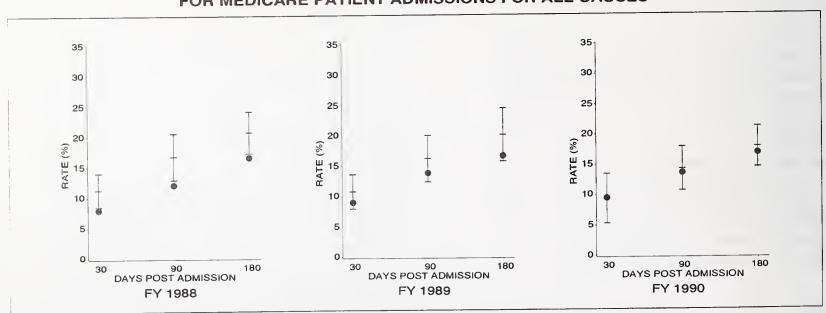
15 KING ST PEABODY, MA 01960 Medicare Provider Number: 220114

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				S (%)							
	NUMBER OF CASES	30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	759	9.5	9.4	2.0	13.6	14.3	1.8	16.9	17.9	1.7	
CONDITIONS:											
Acute Myocardial Infarction	21	14.3	32.4		23.8	35.4		23.8	38.2		
Congestive Heart Failure	48	18.7	16.1		20.8	25.4		27.1	31.8		
Pneumonia/Influenza	30	26.7	16.9		26.7	23.1		26.7	26.9		
Chronic Obstructive Pulmonary Disease	5	40.0	8.2		40.0	14.0		40.0	18.8		
Transient Cerebral Ischemia	15	0.0	1.5		0.0	3.5		0.0	6.1		
Stroke	30	20.0	20.9		36.7	28.2		43.3	32.2		
Hip Fracture	21	0.0	7.4		4.8	12.9		4.8	16.7		
Sepsis		0.0	8.6		0.0	11.8		0.0	13.6		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	1	0.0	9.5		100.0	21.4		100.0	32.9		
Carotid Endarterectomy	. 0										
Hip Replacement/Reconstruction	6	0.0	4.9		0.0	8.7	-	0.0	11.9		
Open Reduction of Hip Fracture	15	0.0	7.0		6.7	12.5		6.7	16.3		
Prostatectomy	. 6	0.0	0.5		0.0	1.2		0.0	2.3		
Cholecystectomy	12	0.0	4.8		0.0	7.6		0.0	9.0		
Hysterectomy	. 0										

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



J B THOMAS HOSPITAL

Medicare Provider Number: 220114

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	76.8 years	Cancer	7.1 %
Proportion female	64.3 %	Chronic cardiovascular disease	37.2 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.6 %
Referred by personal or HMO physician	31.0 %	Chronic renal disease	3.8 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	17.5 %
Admitted for elective procedure	22.0 %	Cerebrovascular degeneration	4.2 %
Admitted for emergency	61.8 %	Diabetes mellitus	7.5 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	۷:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	94.1%	Hospital	9.6 Days
State	4.0%	State	10.1 Days
Outside State	1.9%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	990
PROFILE:	SPECIALTY SERVICES:
Total Beds 76	Burn Unit No
Occupancy Rate 55.0 %	Cardiac Intensive Care No
Ownership/Control Local Government	Comprehensive Geriatric No
Medicare Discharges 58.1 %	Hospice Care No
Case Mix Index (CMI) 1.0683	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists(Not Available)	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
-	Alcohol/Drug No
· ·	Rehabilitation No
Licensed Practical Nurses	Psychiatric No
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

JORDAN HOSPITAL INC

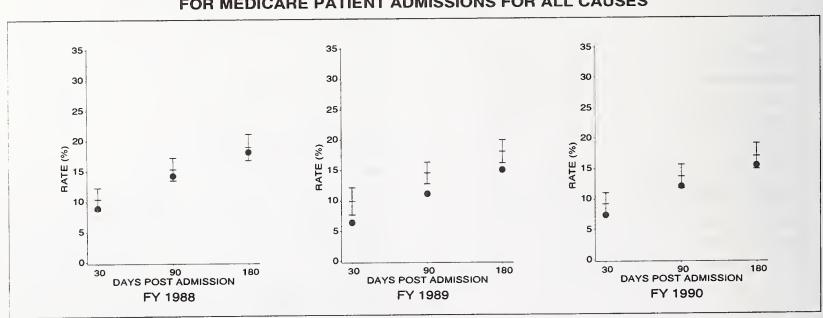
SANDWICH RD PLYMOUTH, MA 02360 Medicare Provider Number: 220060

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
	NUMBER OF CASES	30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	2019	7.4	9.2	0.9	12.1	13.7	1.0	15.5	17.0	1.0	
CONDITIONS:											
Acute Myocardial Infarction	73	20.5	30.1	7.6	24.7	33.7	7.1	30.1	36.5	6.5	
Congestive Heart Failure	99	21.2	17.2	6.1	33.3	27.0	7.0	38.4	33.5	7.4	
Pneumonia/Influenza	98	7.1	16.0	5.2	12.2	21.5	6.1	14.3	25.1	6.2	
Chronic Obstructive Pulmonary Disease	30	3.3	6.1		3.3	10.4		6.7	13.8		
Transient Cerebral Ischemia	27	7.4	1.7		14.8	3.8		22.2	6.1		
Stroke	56	16.1	22.0	7.3	25.0	28.0	6.5	28.6	31.4	8.1	
Hip Fracture	58	5.2	7.8	3.7	8.6	13.9	6.1	8.6	17.9	6.6	
Sepsis	19	21.1	23.5		26.3	29.8		36.8	34.4		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	10	0.0	2.7		0.0	5.6		10.0	8.4		
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	26	3.8	5.2		7.7	9.6		7.7	12.7		
Open Reduction of Hip Fracture	32	3.1	7.6		9.4	13.9		9.4	18.2		
Prostatectomy	80	1.2	0.7	1.3	1.2	1.4	1.7	1.2	2.4	2.4	
Cholecystectomy	29	0.0	2.3		3.4	4.4		3.4	6.0		
Hysterectomy	11	0.0	0.1		0.0	0.2		0.0	0.4		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



JORDAN HOSPITAL INC Medicare Provider Number: 220060

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.4 years	Cancer	5.6 %
Proportion female	58.2 %	Chronic cardiovascular disease	41.9 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.0 %
Referred by personal or HMO physician	28.0 %	Chronic renal disease	3.7 %
Transferred from skilled nursing facility	0.3 %	Chronic pulmonary disease	16.2 %
Admitted for elective procedure	17.2 %	Cerebrovascular degeneration	4.9 %
Admitted for emergency	77.8 %	Diabetes mellitus	6.1 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	87.8%	Hospital	8.2 Days
State	9.5%	State	10.1 Days
Outside State	2.7%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 199	0
PROFILE:	SPECIALTY SERVICES:
Total Beds 150	Burn Unit No
Occupancy Rate 73.0 %	Cardiac Intensive Care Yes
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges 40.9 %	Hospice Care No
Case Mix Index (CMI) 1.0842	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 89	Other Intensive Care
Percent of Physicians Board Certified Specialists85.4 %	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Woodoo Hoodo Hoo Hoo Hoo Hoo Hoo Hoo Hoo	Alcohol/Drug No
Registered Nurses 153	Rehabilitation No
Licensed Practical Nurses27	Psychiatric No
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

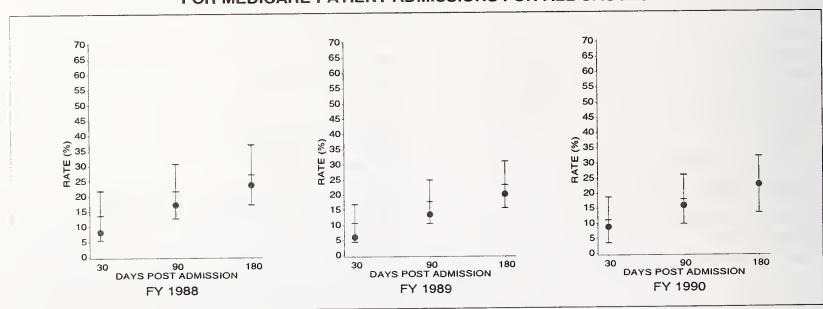
L F QUIGLEY MEM HOSPITAL SOLDIERS HOME 100 SUMMIT AVE CHELSEA, MA 02150 Medicare Provider Number: 220154

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	ORTALITY					
		3	30 DAY	s	90	DAYS		18	;	
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	114	8.8	11.1	3.8	15.8	17.9	4.1	22.8	22.8	4.7
CONDITIONS:										
Acute Myocardial Infarction	1	100.0	40.8		100.0	47.8		100.0	53.8	
Congestive Heart Failure	6	16.7	15.0		33.3	23.0		50.0	28.1	
Pneumonia/Influenza	15	6.7	18.3		26.7	25.8		33.3	31.5	
Chronic Obstructive Pulmonary Disease	8	0.0	5.6		0.0	10.5		12.5	14.4	
Transient Cerebral Ischemia	1	0.0	1.0		0.0	2.0		100.0	3.3	
Stroke	0									
Hip Fracture	0									
Sepsis	0									
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	. 0									
Cholecystectomy	0									
Hysterectomy	. 0									

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



L F QUIGLEY MEM HOSPITAL SOLDIERS HOME Medicare Provider Number: 220154

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	74.9 years	Cancer	4.4 %
Proportion female	3.5 %	Chronic cardiovascular disease	27.2 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.0 %
Referred by personal or HMO physician	0.9 %	Chronic renal disease	0.9 %
Transferred from skilled nursing facility	25.4 %	Chronic pulmonary disease	33.3 %
Admitted for elective procedure	6.1 %	Cerebrovascular degeneration	15.8 %
Admitted for emergency	0.0 %	Diabetes mellitus	3.5 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	1:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	67.7%	Hospital	9.8 Days
State	30.5%	State	10.1 Days
Outside State	1.8%	National	8.6 Days
Total	100.0%		

SOURCE: Health Care Financing Administration (OSCAR)** -	Survey Year 1988
PROFILE:	SPECIALTY SERVICES:
Total Beds 84	Burn Unit No
Ownership/Control State Government	Coronary Care Unit No
Case Mix Index (CMI) 0.8998	Hospice Care No
STAFFING:	Intensive Care Unit No
Medical Residents/Interns	Organ Transplant No
Registered Nurses 64	Trauma Center No
Licensed Practical Nurses	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugNo
	RehabilitationYes
	Psychiatric No
	Medicare Swing Beds No
** Except for CMI	

^{*} Not used in calculating mortality rates

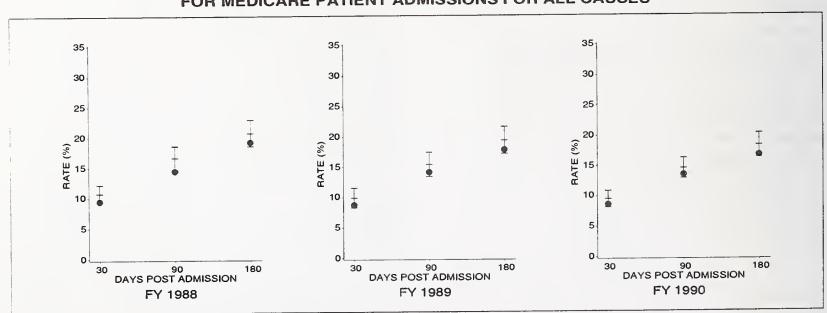
LAWRENCE GENERAL HOSPITAL
ONE GENERAL STREET
LAWRENCE, MA 01842
Medicare Provider Number: 220010

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
		30 DAYS			90 DAYS			180	;		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	2513	8.6	9.5	0.7	13.5	14.6	0.9	16.8	18.4	1.0	
CONDITIONS:											
Acute Myocardial Infarction	93	37.6	27.0	7.1	44.1	31.1	7.6	46.2	34.2	7.5	
Congestive Heart Failure	174	10.3	15.9	4.2	20.1	25.4	4.9	25.3	31.7	5.3	
Pneumonia/Influenza	160	16.2	17.1	3.8	20.0	24.1	5.0	24.4	28.8	5.3	
Chronic Obstructive Pulmonary Disease	3	0.0	6.0		0.0	11.2		0.0	16.0		
Transient Cerebral Ischemia	69	0.0	2.1	2.6	2.9	4.5	2.9	5.8	7.1	3.3	
Stroke	93	19.4	20.6	4.3	22.6	28.7	5.8	25.8	33.3	6.6	
Hip Fracture	65	3.1	6.8	4.3	7.7	12.4	6.7	7.7	16.3	8.0	
Sepsis	14	7.1	17.2		7.1	24.3		14.3	28.5		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	20	0.0	4.0		10.0	7.6		10.0	10.6		
Carotid Endarterectomy	8	0.0	1.6		12.5	2.8		12.5	4.0		
Hip Replacement/Reconstruction	51	2.0	3.3	3.0	3.9	6.2	5.2	5.9	8.4	6.1	
Open Reduction of Hip Fracture	35	2.9	6.4		5.7	11.7		5.7	15.4		
Prostatectomy	47	0.0	1.2		4.3	2.3		4.3	3.7		
Cholecystectomy	39	0.0	2.8		5.1	4.4		7.7	5.7		
Hysterectomy	9	0.0	0.1		0.0	0.3		0.0	0.5		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



LAWRENCE GENERAL HOSPITAL Medicare Provider Number: 220010

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	76.2 years	Cancer	6.0 %
	•	Carles	6.0 %
Proportion female	60.4 %	Chronic cardiovascular disease	34.8 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.2 %
Referred by personal or HMO physician	28.6 %	Chronic renal disease	5.3 %
Transferred from skilled nursing facility	8.4 %	Chronic pulmonary disease	20.2 %
Admitted for elective procedure	14.8 %	Cerebrovascular degeneration	6.9 %
Admitted for emergency	22.2 %	Diabetes mellitus	10.4 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	89.3%	Hospital	10.8 Days
State	3.8%	State	10.1 Days
Outside State	6.9%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds 312	Burn Unit No
Occupancy Rate 66.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges 32.6 %	Hospice Care Yes
Case Mix Index (CMI) 1.1631	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 251	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/Drug No
Licensed Practical Nurses	Rehabilitation No
	Psychiatric No
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

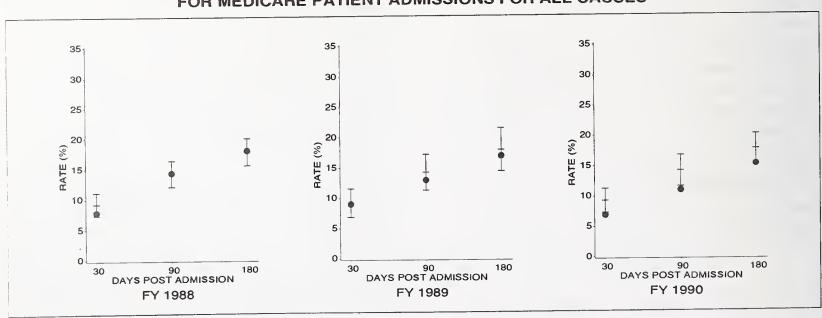
LAWRENCE MEMORIAL HOSPITAL OF MEDFORD 170 GOVERNORS AVE MEDFORD, MA 02155 Medicare Provider Number: 220070

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				МС	RTALITY	RATE	S (%)			
		30 DAYS			90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1483	6.9	9.3	1.0	11.0	14.2	1.3	15.3	17.8	1.2
CONDITIONS:										
Acute Myocardial Infarction	59	30.5	28.3	6.2	37.3	32.2	7.4	37.3	35.4	6.5
Congestive Heart Failure	85	9.4	15.0	6.2	18.8	23.3	6.2	24.7	29.4	6.7
Pneumonia/Influenza	95	11.6	17.4	4.7	14.7	24.0	6.1	21.1	28.0	7.4
Chronic Obstructive Pulmonary Disease	15	6.7	5.9		6.7	10.9		20.0	15.0	
Transient Cerebral Ischemia	15	0.0	2.3		0.0	5.1		6.7	8.1	
Stroke	52	11.5	19.3	9.6	19.2	26.2	10.4	26.9	30.1	10.0
Hip Fracture	47	4.3	7.6		8.5	13.5		8.5	17.5	
Sepsis	14	14.3	19.3		21.4	27.6		35.7	32.6	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	12	0.0	2.0		0.0	4.1		0.0	6.3	
Carotid Endarterectomy	3	0.0	1.7		0.0	3.0		0.0	4.1	
Hip Replacement/Reconstruction	17	0.0	7.2		5.9	12.7		5.9	16.2	
Open Reduction of Hip Fracture	24	8.3	5.7		12.5	10.4		12.5	13.8	
Prostatectomy	26	3.8	1.1		3.8	2.5		7.7	4.2	
Cholecystectomy	23	4.3	2.8		4.3	5.8		4.3	8.4	
Hysterectomy	5	0.0	0.7		0.0	1.7		0.0	2.9	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



LAWRENCE MEMORIAL HOSPITAL OF MEDFORD

Medicare Provider Number: 220070

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	76.8 years	Cancer	6.9 %
Proportion female	63.7 %	Chronic cardiovascular disease	39.9 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.3 %
Referred by personal or HMO physician	40.3 %	Chronic renal disease	2.4 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	14.8 %
Admitted for elective procedure	13.8 %	Cerebrovascular degeneration	8.3 %
Admitted for emergency	57.9 %	Diabetes mellitus	7.1 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	87.8%	Hospital	11.1 Days
State	10.6%	State	10.1 Days
Outside State	1.6%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	90
PROFILE:	SPECIALTY SERVICES:
Total Beds 150	Burn Unit No
Occupancy Rate 63.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric Yes
Medicare Discharges 59.4 %	Hospice Care No
Case Mix Index (CMI) 1.1619	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 103	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/DrugNo
Licensed Practical Nurses	Rehabilitation No
Licensed Flactical Nuises	Psychiatric No
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

LEOMINSTER HOSPITAL

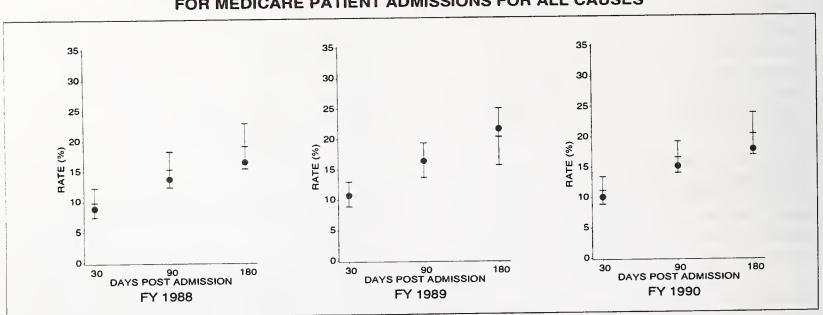
HOSPITAL RD LEOMINSTER, MA 01453 Medicare Provider Number: 220094

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
		30 DAYS			90 DAYS			180 DAYS			
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	1034	10.0	11.1	1.1	15.1	16.6	1.3	17.9	20.4	1.7	
CONDITIONS:											
Acute Myocardial Infarction	49	22.4	26.5		30.6	29.3		30.6	31.7		
Congestive Heart Failure	68	8.8	15.7	5.7	25.0	25.1	6.7	29.4	31.9	5.8	
Pneumonia/Influenza	78	21.8	20.3	5.7	26.9	27.3	6.5	28.2	31.6	7.0	
Chronic Obstructive Pulmonary Disease	9	11.1	6.8		33.3	12.5		33.3	17.8		
Transient Cerebral Ischemia	23	0.0	1.6		0.0	3.6		0.0	5.8		
Stroke	25	36.0	23.7		40.0	32.1		40.0	36.3		
Hip Fracture	17	0.0	6.7	****	5.9	12.0		5.9	15.6		
Sepsis	16	12.5	27.8		18.8	33.8		31.3	38.1		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	14	0.0	4.5		0.0	9.1		7.1	13.7		
Carotid Endarterectomy	. 4	0.0	2.2		0.0	3.7		0.0	5.5		
Hip Replacement/Reconstruction	10	10.0	4.1		10.0	7.9		10.0	10.5		
Open Reduction of Hip Fracture	. 14	0.0	6.3		7.1	11.6		7.1	15.2		
Prostatectomy	. 22	0.0	0.5		0.0	1.2		0.0	2.1		
Cholecystectomy	19	0.0	3.1		0.0	5.4		0.0	6.9		
Hysterectomy		0.0	0.7		0.0	1.5		0.0	2.5		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



LEOMINSTER HOSPITAL Medicare Provider Number: 220094

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	76.4 years	Cancer	7.7 %
Proportion female	61.1 %	Chronic cardiovascular disease	40.6 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.4 %
Referred by personal or HMO physician	23.1 %	Chronic renal disease	3.8 %
Transferred from skilled nursing facility		Chronic pulmonary disease	15.2 %
Admitted for elective procedure		Cerebrovascular degeneration	7.2 %
Admitted for emergency		Diabetes mellitus	6.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	1
County/City	93.8%	Hospital	8.5 Days
State	4.0%	State	10.1 Days
Outside State	2.2%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
Registered Nurses	Alcohol/Drug No Rehabilitation No Psychiatric No
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

LEONARD MORSE HOSPITAL

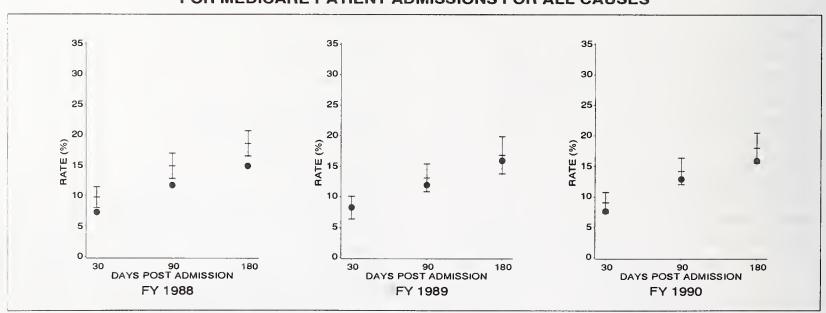
67 UNION ST NATICK, MA 01760 Medicare Provider Number: 220048

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
	NUMBER OF CASES	30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	1674	7.6	9.0	0.9	12.9	14.2	1.1	15.9	18.0	1.2	
CONDITIONS:											
Acute Myocardial Infarction	60	16.7	25.5	10.4	25.0	29.1	8.4	26.7	32.0	8.1	
Congestive Heart Failure	78	16.7	14.6	4.8	23.1	22.7	5.0	26.9	28.7	5.2	
Pneumonia/Influenza	86	12.8	17.4	6.3	18.6	23.5	7.2	22.1	27.5	7.4	
Chronic Obstructive Pulmonary Disease	22	18.2	7.9		22.7	13.4		27.3	17.8		
Transient Cerebral Ischemia	35	0.0	2.1		0.0	4.9		2.9	8.1		
Stroke	52	17.3	18.7	5.6	25.0	25.7	7.6	30.8	29.5	8.0	
Hip Fracture	36	0.0	8.4		2.8	14.7		5.6	18.6		
Sepsis	18	27.8	22.1		38.9	30.7		44.4	36.1		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	6	0.0	5.8		0.0	11.1		0.0	14.7		
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	25	0.0	7.7		0.0	13.5		4.0	17.0		
Open Reduction of Hip Fracture	16	0.0	6.5		6.3	11.3		6.3	14.6		
Prostatectomy	51	3.9	1.1	2.8	3.9	2.3	2.6	3.9	3.7	2.8	
Cholecystectomy	16	0.0	1.2		0.0	2.3		0.0	3.3		
Hysterectomy	8	0.0	1.0		0.0	2.8		0.0	5.0		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



LEONARD MORSE HOSPITAL Medicare Provider Number: 220048

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.7 years	Cancer	8.5 %
Proportion female	62.0 %	Chronic cardiovascular disease	36.9 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.6 %
Referred by personal or HMO physician	38.8 %	Chronic renal disease	3.3 %
Transferred from skilled nursing facility		Chronic pulmonary disease	15.9 %
Admitted for elective procedure		Cerebrovascular degeneration	3.5 %
Admitted for emergency		Diabetes mellitus	6.3 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	64.2%	Hospital	9.4 Days
State		State	10.1 Days
Outside State		National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 199	90
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
** Except for CMI	Psychiatric

^{*} Not used in calculating mortality rates

LOWELL GENERAL

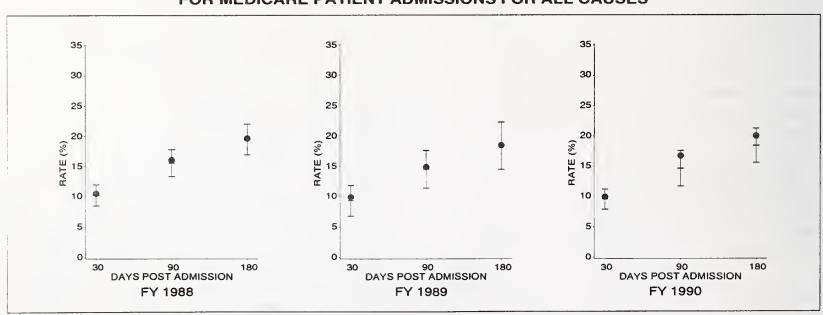
VELL GENERAL HOSPITAL
295 VARNUM AVENUE
LOWELL, MA 01854
Medicare Provider Number: 220063

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)										
	NUMBER OF CASES	30 DAYS			9	90 DAYS			180 DAYS			
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*		
ALL CAUSES	1384	9.9	9.5	0.8	16.7	14.6	1.5	20.0	18.4	1.4		
CONDITIONS:												
Acute Myocardial Infarction	69	18.8	24.3	5.9	33.3	28.5	5.7	37.7	31.7	6.1		
Congestive Heart Failure	94	10.6	15.0	6.4	18.1	23.9	6.8	26.6	30.4	5.7		
Pneumonia/Influenza	53	15.1	13.1	5.8	20.8	18.1	7.9	24.5	21.6	8.0		
Chronic Obstructive Pulmonary Disease	13	0.0	6.0		7.7	10.2		15.4	14.1			
Transient Cerebral Ischemia	20	10.0	2.1		15.0	4.8		15.0	7.8			
Stroke	55	32.7	22.6	7.9	41.8	30.0	9.6	45.5	34.2	9.0		
Hip Fracture	43	2.3	6.4		4.7	11.7		7.0	15.6			
Sepsis	7	42.9	31.3		57.1	39.4		57.1	43.9			
PROCEDURES:												
Angioplasty	0											
Coronary Artery Bypass Graft	0											
Initial Pacemaker Insertion	9	0.0	3.3		11.1	6.8		11.1	9.9			
Carotid Endarterectomy	7	0.0	1.5		0.0	2.8		0.0	3.9			
Hip Replacement/Reconstruction	16	6.3	3.8		6.3	7.6		6.3	10.8			
Open Reduction of Hip Fracture	26	3.8	5.9		7.7	11.0		7.7	14.9			
Prostatectomy	44	2.3	1.0		4.5	2.4		4.5	4.2			
Cholecystectomy	23	4.3	2.2		4.3	4.0		4.3	5.3			
Hysterectomy	14	0.0	0.4		0.0	0.8		0.0	1.3			

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



LOWELL GENERAL HOSPITAL Medicare Provider Number: 220063

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.9 years	Cancer	8.2 %
Proportion female	59.2 %	Chronic cardiovascular disease	31.9 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.8 %
Referred by personal or HMO physician	33.1 %	Chronic renal disease	2.3 %
Transferred from skilled nursing facility		Chronic pulmonary disease	14.0 %
Admitted for elective procedure		Cerebrovascular degeneration	5.0 %
Admitted for emergency		Diabetes mellitus	7.1 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	91.0%	Hospital	12.1 Days
State	3.1%	State	10.1 Days
Outside State	5.9%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990 PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
** Except for CMI	Psychiatric

^{*} Not used in calculating mortality rates

LUDLOW HOSPITAL

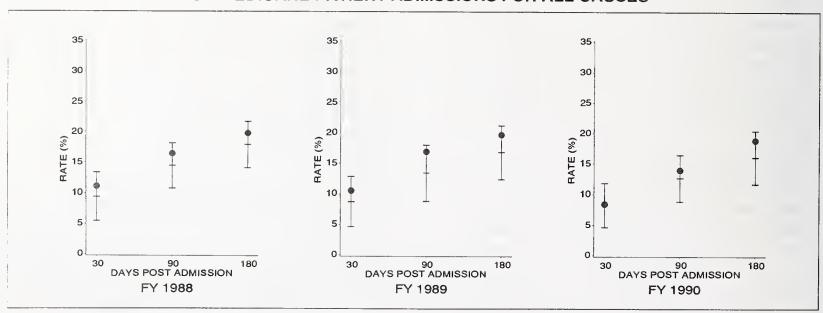
14 CHESTNUT PLACE LUDLOW, MA 01056 Medicare Provider Number: 220099

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	Y RATES (%)						
	NUMBER OF CASES	30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	570	8.4	8.2	1.8	13.9	12.6	1.9	18.8	16.0	2.2	
CONDITIONS:											
Acute Myocardial Infarction	27	40.7	23.2		48.1	25.3		51.9	27.5		
Congestive Heart Failure	48	18.8	12.5		27.1	19.6		31.3	25.2		
Pneumonia/Influenza	39	5.1	12.3		10.3	16.8		17.9	20.1		
Chronic Obstructive Pulmonary Disease	5	20.0	8.3		40.0	14.3		60.0	18.7		
Transient Cerebral Ischemia	14	0.0	1.2		0.0	2.9		7.1	5.0		
Stroke	22	13.6	16.3		27.3	21.7		31.8	25.1		
Hip Fracture	20	5.0	5.8		5.0	10.6		10.0	13.8		
Sepsis	6	33.3	27.1		33.3	38.4		33.3	45.9		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	3	66.7	10.8		66.7	14.9		66.7	17.2		
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	8	0.0	3.5		0.0	6.8		0.0	9.4		
Open Reduction of Hip Fracture	11	9.1	6.5		9.1	12.2		18.2	16.1		
Prostatectomy	11	0.0	1.4		0.0	3.5		9.1	5.8		
Cholecystectomy	15	6.7	2.0		6.7	3.9		6.7	5.3		
Hysterectomy	0										

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



LUDLOW HOSPITAL Medicare Provider Number: 220099

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS: Average age at admission Proportion female DMISSION SOURCES/TYPES: Referred by personal or HMO physician Transferred from skilled nursing facility		COMORBIDITIES: Cancer	6.8 % 29.1 % 1.1 % 1.1 % 9.1 %
Admitted for emergency	1.6 % 74.4 %	Cerebrovascular degeneration Diabetes mellitus	2.6 % 4.6 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION County/City State	94.5%	MEDICARE AVERAGE LENGTH OF STAY: Hospital	10.1 Days
Outside State		National	8.6 Days

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
** Except for CMI	Psychiatric

^{*} Not used in calculating mortality rates

MA OSTEO HOSPITAL & MEDICAL CENTER

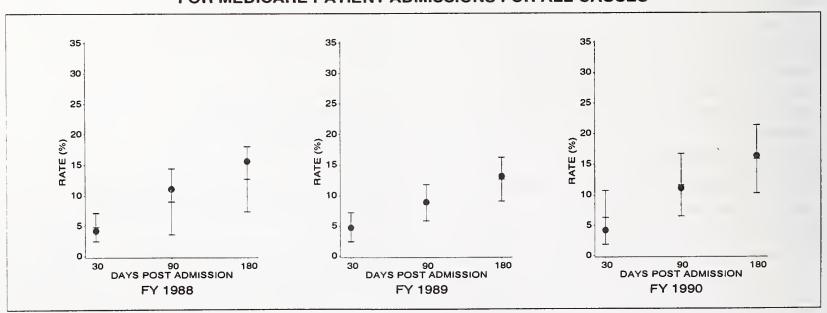
222 SOUTH HUNTINGTON AVENUE BOSTON, MA 02130 Medicare Provider Number: 220117

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

			S (%)								
CATEGORY		30 DAYS			9	90 DAYS			180 DAYS		
	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	307	4.2	6.3	2.2	11.1	11.6	2.5	16.3	15.8	2.8	
CONDITIONS:											
Acute Myocardial Infarction	1	0.0	37.9		100.0	41.6	••••	100.0	44.6		
Congestive Heart Failure	3	66.7	24.5		66.7	40.5		66.7	49.1		
Pneumonia/Influenza	8	25.0	23.1		37.5	32.4		37.5	37.1		
Chronic Obstructive Pulmonary Disease	6	0.0	8.6		0.0	16.4		0.0	21.7		
Transient Cerebral Ischemia	1	0.0	0.8		0.0	1.7		0.0	2.8		
Stroke	4	50.0	29.7		50.0	35.7		50.0	39.1		
Hip Fracture	2	50.0	8.4		50.0	16.2		50.0	21.4		
Sepsis	1	0.0	53.8		100.0	77.9		100.0	85.4		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	0										
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	2	50.0	7.7		50.0	15.4		50.0	20.8		
Open Reduction of Hip Fracture	0										
Prostatectomy	3	0.0	1.2		33.3	2.4		33.3	3.9		
Cholecystectomy	1	0.0	4.4	•	0.0	8.7		0.0	11.2		
Hysterectomy	0										

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



MA OSTEO HOSPITAL & MEDICAL CENTER Medicare Provider Number: 220117

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	73.8 years	Cancer	5.2 %
Proportion female		Chronic cardiovascular disease	33.6 %
DMISSION SOURCES/TYPES:		Chronic liver disease	0.7 %
Referred by personal or HMO physician	62.9 %	Chronic renal disease	3.3 %
Transferred from skilled nursing facility		Chronic pulmonary disease	13.0 %
		Cerebrovascular degeneration	28.0 %
Admitted for elective procedure Admitted for emergency		Diabetes mellitus	5.2 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION County/City	33.7% 63.8%	MEDICARE AVERAGE LENGTH OF STAY: Hospital	10.1 Days
Total	100.0%		

PROFILE:		SPECIALTY SERVICES:	
	52	Burn Unit	No
Ownership.Control Private, Non-Prof	fit	Coronary Care Unit	No
Case Mix Index (CMI) 0.972		Hospice Care	No
STAFFING:		Intensive Care Unit	No
Medical Residents/Interns	3	Organ Transplant	No
Registered Nurses	0	Trauma Center	No
Licensed Practical Nurses	0	OTHER SPECIALTY/HOSPITAL-BASED SERVICES	:
		Alcohol/Drug	No
		Rehabilitation	No
		Psychiatric	Yes
		Medicare Swing Beds	No

^{*} Not used in calculating mortality rates

MARLBOROUGH HOSPITAL

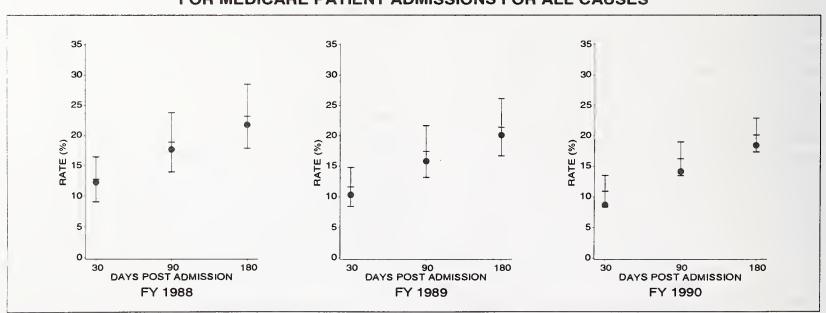
57 UNION ST MARLBOROUGH, MA 01752 Medicare Provider Number: 220049

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

	··			М	ORTALIT	YRATE	ES (%)				
CATEGORY		30 DAYS			9	90 DAYS			180 DAYS		
	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	1195	8.7	10.9	1.3	14.1	16.2	1.4	18.4	20.1	1.4	
CONDITIONS:											
Acute Myocardial Infarction	62	19.4	26.4	9.6	27.4	30.0	9.1	32.3	33.2	7.2	
Congestive Heart Failure	68	17.6	15.3	6.8	19.1	24.1	8.7	29.4	30.2	9.8	
Pneumonia/Influenza	76	13.2	20.1	9.4	19.7	27.4	10.3	28.9	32.1	8.9	
Chronic Obstructive Pulmonary Disease	48	4.2	9.2		8.3	15.7		14.6	20.5		
Transient Cerebral Ischemia	23	0.0	2.0		0.0	4.5		4.3	7.3		
Stroke	42	33.3	22.7		38.1	31.3		42.9	35.6		
Hip Fracture	29	6.9	9.4		10.3	16.6		10.3	21.1		
Sepsis	12	25.0	31.0		33.3	38.9		33.3	44.0		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	14	0.0	4.0		0.0	7.1		7.1	9.9		
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	6	0.0	8.3		0.0	15.1		0.0	19.0		
Open Reduction of Hip Fracture	19	5.3	6.3		10.5	11.3		10.5	15.1		
Prostatectomy	31	0.0	1.0		0.0	2.2		0.0	3.7		
Cholecystectomy	8	0.0	1.8		0.0	3.1		0.0	3.8		
Hysterectomy	3	0.0	0.2		0.0	0.5		0.0	0.9		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



MARLBOROUGH HOSPITAL

Medicare Provider Number: 220049

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.9 years	Cancer	8.2 %
Proportion female	59.1 %	Chronic cardiovascular disease	44.7 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.5 %
Referred by personal or HMO physician	22.9 %	Chronic renal disease	2.8 %
Transferred from skilled nursing facility		Chronic pulmonary disease	14.7 %
Admitted for elective procedure		Cerebrovascular degeneration	6.0 %
Admitted for emergency		Diabetes mellitus	6.4 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	80.9%	Hospital	8.1 Days
State		State	10.1 Days
Outside State	2.4%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
Total Number of Physicians 90 Percent of Physicians Board Certified Specialists 60.0 % Medical Residents/Interns 0 Registered Nurses 127 Licensed Practical Nurses 23	Trauma Center

^{*} Not used in calculating mortality rates

MARTHAS VINEYARD HOSPITAL

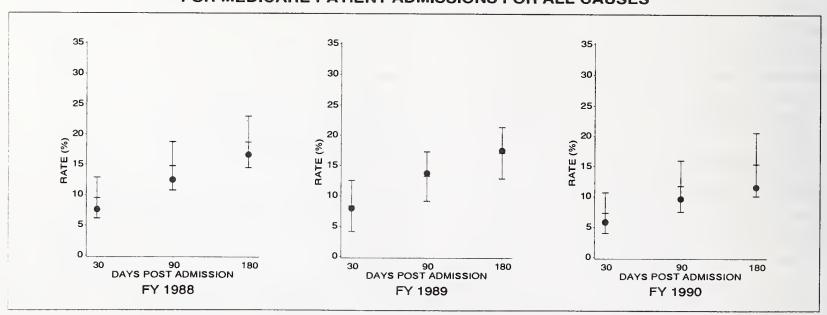
LINTON LANE
OAK BLUFFS, MA 02557
Medicare Provider Number: 220123

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
	NUMBER OF CASES	30 DAYS			90 DAYS			180 DAYS			
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	365	5.8	7.3	1.7	9.6	11.7	2.1	11.5	15.3	2.6	
CONDITIONS:											
Acute Myocardial Infarction	15	13.3	16.1		20.0	19.0		20.0	21.5		
Congestive Heart Failure	20	10.0	15.5		20.0	24.8		30.0	30.8		
Pneumonia/Influenza	14	14.3	16.2		21.4	21.9		28.6	25.4		
Chronic Obstructive Pulmonary Disease	5	20.0	11.4		20.0	18.6		20.0	24.1		
Transient Cerebral Ischemia	4	0.0	1.6		0.0	3.5		0.0	5.7		
Stroke	10	10.0	13.3		10.0	18.3		10.0	21.8	****	
Hip Fracture	4	0.0	5.2	****	0.0	8.7		25.0	11.2		
Sepsis	1	0.0	5.8	*****	0.0	7.9		0.0	9.4		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	0										
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	1	0.0	2.2		0.0	4.5		0.0	6.4		
Open Reduction of Hip Fracture	1	0.0	8.2		0.0	12.3		0.0	14.6		
Prostatectomy	0										
Cholecystectomy	4	25.0	5.8		25.0	12.6		25.0	18.1		
Hysterectomy	0										

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



MARTHAS VINEYARD HOSPITAL Medicare Provider Number: 220123

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	5.0 0/
Average age at admission	76.3 years	Cancer	5.2 %
Proportion female	59.7 %	Chronic cardiovascular disease	30.1 %
DMISSION SOURCES/TYPES:		Chronic liver disease	2.2 %
Referred by personal or HMO physician	33.4 %	Chronic renal disease	2.2 %
Transferred from skilled nursing facility		Chronic pulmonary disease	9.0 %
Admitted for elective procedure		Cerebrovascular degeneration	7.1 %
Admitted for emergency		Diabetes mellitus	8.8 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	74.5%	Hospital	6.9 Days
State		State	10.1 Days
Outside State	16.3%	National	8.6 Days
Total	100.0%		

SOURCE: Health Care Financing Administration (OSCAR)**	Survey Year 1991
PROFILE:	SPECIALTY SERVICES:
Total Beds 77	Burn Unit No
Ownership.Control Private, Non-Profit	Coronary Care Unit No
Case Mix Index (CMI) 0.9066	Hospice CareYes
STAFFING:	Intensive Care UnitYes
Medical Residents/Interns 2	Organ Transplant No
Registered Nurses49	Trauma Center No
Licensed Practical Nurses 5	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugYes
	RehabilitationYes
	Psychiatric Yes
	Medicare Swing Beds No
** Except for CMI	

^{*} Not used in calculating mortality rates

MARY AND ARTHUR CLAPHAM HOSPITAL

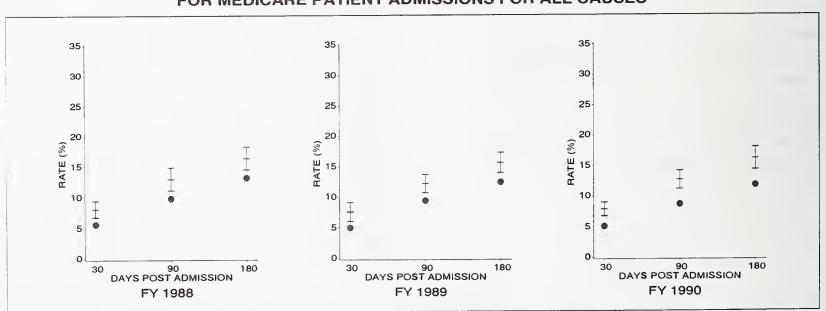
41 MALL RD BURLINGTON, MA 01803 Medicare Provider Number: 220171

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

	MORTALITY RATES (%)									
NUMBER OF CASES	30 DAYS			9	90 DAYS			180 DAYS		
	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
2687	5.1	7.9	0.6	8.7	12.7	0.8	11.8	16.2	0.9	
49	16.3	22.1		20.4	25.1		24.5	28.1		
61	8.2	15.2	7.5	19.7	24.0	8.0	24.6	30.6	8.1	
78	10.3	15.1	6.5	16.7	20.9	6.7	17.9	24.7	6.9	
22	18.2	10.6		22.7	18.3		22.7	23.9		
27	0.0	1.7		0.0	3.7		3.7	6.0		
73	11.0	15.6	7.6	16.4	22.0	9.5	16.4	25.6	10.9	
22	9.1	6.2		9.1	10.9		13.6	14.3		
15	6.7	18.3		13.3	26.4		13.3	31.6		
6	0.0	4.3		0.0	7.5		0.0	10.9		
32	0.0	6.3		0.0	8.9		0.0	10.4		
20	0.0	2.3		0.0	4.3		0.0	6.2		
. 13	0.0	1.9		0.0	3.8		0.0	5.6		
64	0.0	0.8		0.0	1.5		0.0	2.2		
14	0.0	5.6		0.0	10.3		7.1	13.7		
. 92	0.0	0.9	1.4	1.1	2.1	2.1	2.2	3.6	3.0	
38	2.6	3.7		5.3	7.7		5.3	10.8		
. 43	2.3	2.1		2.3	4.4		2.3	6.5		
	2687 49 61 78 22 27 73 22 15 6 32 20 13 64 14 92 38	NUMBER OF CASES OBS 2687 5.1 49 16.3 61 8.2 78 10.3 22 18.2 27 0.0 73 11.0 22 9.1 15 6.7 6 0.0 32 0.0 20 0.0 13 0.0 20 0.0 13 0.0 64 0.0 14 0.0 92 0.0 38 2.6	NUMBER OF CASES OBS PRED 2687 5.1 7.9 49 16.3 22.1 61 8.2 15.2 78 10.3 15.1 22 18.2 10.6 27 0.0 1.7 73 11.0 15.6 22 9.1 6.2 15 6.7 18.3 6 0.0 4.3 32 0.0 6.3 20 0.0 2.3 13 0.0 1.9 64 0.0 0.8 14 0.0 5.6 92 0.0 0.9 38 2.6 3.7	30 DAYS NUMBER OF CASES OBS PRED SD* 2687 5.1 7.9 0.6 49 16.3 22.1 61 8.2 15.2 7.5 78 10.3 15.1 6.5 22 18.2 10.6 27 0.0 1.7 73 11.0 15.6 7.6 22 9.1 6.2 15 6.7 18.3 6 0.0 4.3 20 0.0 2.3 13 0.0 1.9 64 0.0 0.8 14 0.0 5.6 92 0.0 0.9 1.4 38 2.6 3.7	NUMBER OF CASES OBS PRED SD* OBS 2687 5.1 7.9 0.6 8.7 49 16.3 22.1 20.4 61 8.2 15.2 7.5 19.7 78 10.3 15.1 6.5 16.7 22 18.2 10.6 22.7 27 0.0 1.7 0.0 73 11.0 15.6 7.6 16.4 22 9.1 6.2 9.1 15 6.7 18.3 0.0 32 0.0 6.3 0.0 20 0.0 2.3 0.0 32 0.0 6.3 0.0 44 0.0 0.8 0.0 44 0.0 5.6 0.0 44 0.0 5.6 0.0	NUMBER OF CASES OBS PRED SD* OBS PRED OBS PRE	NUMBER OF CASES OBS PRED SD* OBS PRED SD* 2687 5.1 7.9 0.6 8.7 12.7 0.8 49 16.3 22.1 20.4 25.1 61 8.2 15.2 7.5 19.7 24.0 8.0 78 10.3 15.1 6.5 16.7 20.9 6.7 22 18.2 10.6 22.7 18.3 27 0.0 1.7 0.0 3.7 73 11.0 15.6 7.6 16.4 22.0 9.5 22 9.1 6.2 9.1 10.9 15 6.7 18.3 13.3 26.4 32 0.0 6.3 0.0 7.5 32 0.0 6.3 0.0 4.3 20	NUMBER OF CASES OBS PRED SD* OBS PRED SD* OBS PRED SD* OBS 2687 5.1 7.9 0.6 8.7 12.7 0.8 11.8 49 16.3 22.1 20.4 25.1 24.5 61 8.2 15.2 7.5 19.7 24.0 8.0 24.6 78 10.3 15.1 6.5 16.7 20.9 6.7 17.9 22 18.2 10.6 22.7 18.3 22.7 27 0.0 1.7 0.0 3.7 3.7 73 11.0 15.6 7.6 16.4 22.0 9.5 16.4 22 9.1 6.2 9.1 10.9 13.6 15 6.7 18.3 9.1 10.9 0.0 32 0.0 6.3	NUMBER OF CASES OBS PRED SD* OBS PRED SD* <th cols<="" td=""></th>	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



MARY AND ARTHUR CLAPHAM HOSPITAL

Medicare Provider Number: 220171

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	72.2 years	Cancer	13.7 %
Proportion female		Chronic cardiovascular disease	30.9 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.2 %
Referred by personal or HMO physician	2.8 %	Chronic renal disease	3.3 %
Transferred from skilled nursing facility		Chronic pulmonary disease	9.4 %
Admitted for elective procedure		Cerebrovascular degeneration	1.8 %
Admitted for emergency		Diabetes mellitus	5.1 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	44.3%	Hospital	8.6 Days
State		State	10.1 Days
Outside State		National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds 272	Burn Unit No
Occupancy Rate 91.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges 37.2 %	Hospice Care No
Case Mix Index (CMI) 1.4376	Medical/Surgical Intensive CareYes
STAFFING:	Organ/Tissue TransplantYes
Total Number of Physicians 244	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns	Alcohol/DrugNo
Registered Nurses 537	Rehabilitation No
Licensed Practical Nurses 1	Psychiatric No
	Medicare Swing Beds No
** Except for CMI	

^{*} Not used in calculating mortality rates

MARY LANE HOSPITAL

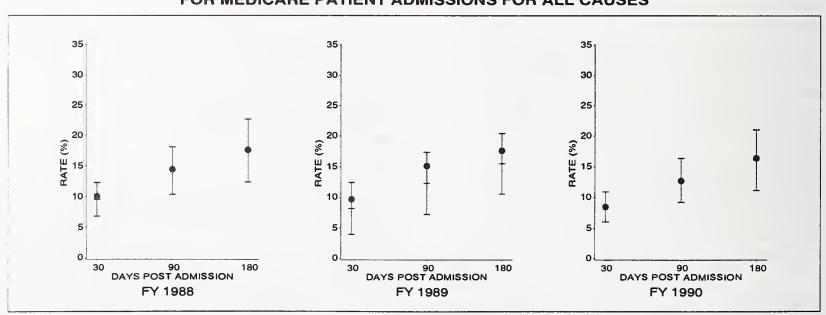
85 SOUTH ST WARE, MA 01082 Medicare Provider Number: 220050

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

	NUMBER OF CASES	30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	519	8.5	8.5	1.2	12.7	12.8	1.8	16.4	16.1	2.5	
CONDITIONS:											
Acute Myocardial Infarction	23	21.7	27.9		30.4	31.3		34.8	34.5		
Congestive Heart Failure	34	8.8	13.6		17.6	21.2		20.6	27.1		
Pneumonia/Influenza	30	13.3	16.9		23.3	22.9		33.3	27.1		
Chronic Obstructive Pulmonary Disease	9	0.0	5.2		0.0	10.3		0.0	14.9		
Transient Cerebral Ischemia	18	0.0	1.4		5.6	3.2		11.1	5.6		
Stroke	16	18.8	15.3		31.3	20.8		31.3	24.7		
Hip Fracture	12	8.3	5.4		8.3	9.7		8.3	12.9		
Sepsis	1	0.0	15.9		0.0	21.3		0.0	23.8		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	0										
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	5	0.0	4.2		0.0	7.7		0.0	10.5		
Open Reduction of Hip Fracture	5	0.0	2.4		0.0	4.4		0.0	6.1		
Prostatectomy	11	0.0	1.3		0.0	3.3		0.0	5.7		
Cholecystectomy	7	0.0	1.9		0.0	3.5		0.0	4.5		
Hysterectomy	2	0.0	0.2		0.0	0.6		0.0	1.0		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



MARY LANE HOSPITAL Medicare Provider Number: 220050

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission Proportion female ADMISSION SOURCES/TYPES: Referred by personal or HMO physician	57.4 %	Chronic liver disease	4.8 % 23.9 % 1.3 % 1.9 % 8.5 %
Transferred from skilled nursing facility Admitted for elective procedure	12.3 %	Chronic pulmonary disease Cerebrovascular degeneration Diabetes mellitus	2.5 % 4.6 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION County/City	53.8% 45.2%	MEDICARE AVERAGE LENGTH OF STAY: Hospital	10.1 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
Occupancy Rate	Cardiac Intensive Care
STAFFING: Total Number of Physicians 29 Percent of Physicians Board Certified Specialists 62.1 % Medical Residents/Interns 0 Registered Nurses 55 Licensed Practical Nurses 16	Organ/Tissue Transplant
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

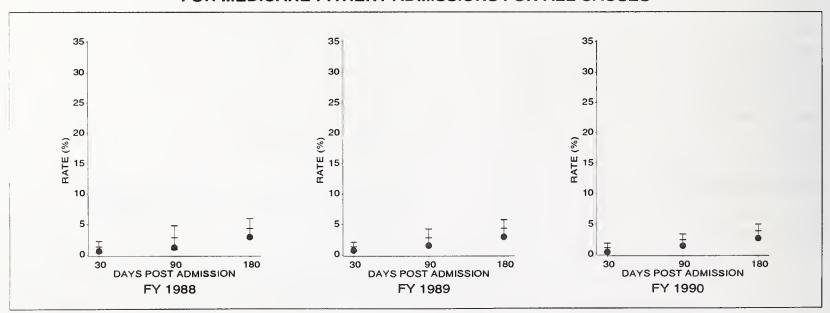
MASSACHUSETTS EYE AND EAR INFIRMARY

243 CHARLES ST BOSTON, MA 02114 Medicare Provider Number: 220075

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

	MORTALITY RATES (%)										
		30 DAYS			9	0 DAYS	3	180 DAYS			
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	1808	0.4	1.1	0.4	1.4	2.4	0.5	2.6	3.8	0.6	
CONDITIONS:											
Acute Myocardial Infarction	0										
Congestive Heart Failure	0										
Pneumonia/Influenza	0										
Chronic Obstructive Pulmonary Disease	0										
Transient Cerebral Ischemia	0										
Stroke	0										
Hip Fracture	0										
Sepsis	0										
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	0										
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	0										
Open Reduction of Hip Fracture	0										
Prostatectomy	0										
Cholecystectomy	0										
Hysterectomy	0										

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.



MASSACHUSETTS EYE AND EAR INFIRMARY Medicare Provider Number: 220075

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

COMORBIDITIES:
Cancer 3.0 %
Chronic cardiovascular disease 24.7 %
Chronic liver disease 0.2 %
Chronic renal disease 0.9 %
Chronic pulmonary disease 9.0 %
Cerebrovascular degeneration 0.8 %
Diabetes mellitus 10.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

		AND	
ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	15.6%	Hospital	3.2 Days
State	63.3%	State	10.1 Days
Outside State	21.1%	National	8.6 Days
Total	100.0%		

205115	OREGIAL TV CERVICES:
ROFILE:	SPECIALTY SERVICES:
Total Beds 109	Burn Unit No
Occupancy Rate 58.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges 28.1 %	Hospice Care No
Case Mix Index (CMI) 0.7532	Medical/Surgical Intensive Care No
TAFFING:	Organ/Tissue Transplant Yes
Total Number of Physicians298	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns41	Alcohol/DrugNo
Registered Nurses 138	Rehabilitation
Licensed Practical Nurses	Psychiatric
	Medicare Swing Beds

^{*} Not used in calculating mortality rates

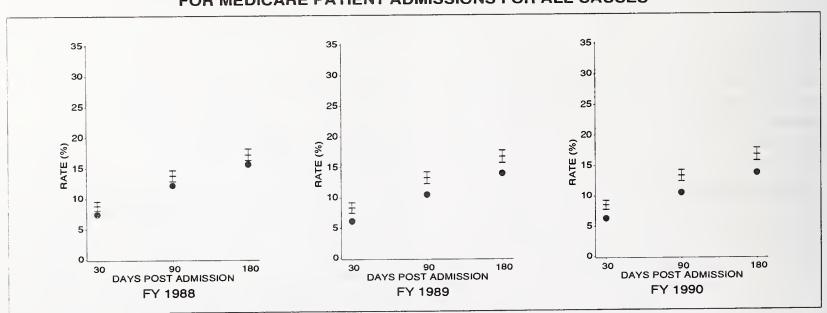
MASSACHUSETTS GENERAL HOSPITAL

FRUIT ST BOSTON, MA 02114 Medicare Provider Number: 220071

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	(RATES (%)					
		30 DAYS			90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	7168	6.3	8.5	0.4	10.5	13.3	0.5	13.7	16.8	0.5
CONDITIONS:										
Acute Myocardial Infarction	179	14.5	25.2	4.5	18.4	29.0	4.6	21.2	32.0	4.8
Congestive Heart Failure	229	10.9	15.5	3.8	2 2.7	24.5	3.1	28.4	30.9	3.4
Pneumonia/Influenza	167	18.0	14.5	3.3	21.6	20.0	3.2	23.4	23.9	3.3
Chronic Obstructive Pulmonary Disease	45	8.9	5.8		11.1	10.5		11.1	14.4	
Transient Cerebral Ischemia	40	2.5	1.8		7.5	3.8		7.5	6.0	
Stroke	155	11.6	22.2	4.8	17.4	29.1	5.3	21.3	32.9	5.4
Hip Fracture	118	2.5	6.8	3.5	6.8	11.6	4.3	11.0	14.9	4.8
Sepsis	21	23.8	25.1		33.3	35.8		42.9	41.1	
PROCEDURES:										
Angioplasty	115	0.0	3.2	3.7	0.9	4.4	4.2	2.6	5.4	3.9
Coronary Artery Bypass Graft	240	4.2	6.2	2.0	6.3	9.1	2.7	6.3	10.4	3.0
Initial Pacemaker Insertion	55	0.0	3.0	3.7	3.6	5.7	3.6	3.6	8.2	5.5
Carotid Endarterectomy	46	2.2	1.6		2.2	2.8		2.2	4.0	
Hip Replacement/Reconstruction	226	0.4	1.4	1.0	0.9	2.7	1.5	1.8	3.7	1.7
Open Reduction of Hip Fracture	66	3.0	6.6	5.2	7.6	11.5	6.6	12.1	15.0	6.8
Prostatectomy	229	0.9	0.9	0.7	2.6	2.2	1.1	3.5	3.8	1.4
Cholecystectomy	112	2.7	3.9	2.4	6.3	7.2	2.9	8.0	9.6	3.1
Hysterectomy	. 51	0.0	0.8	1.4	0.0	1.9	2.5	2.0	3.1	2.7

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.



MASSACHUSETTS GENERAL HOSPITAL Medicare Provider Number: 220071

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	72.3 years	Cancer	10.9 %
Proportion female		Chronic cardiovascular disease	37.9 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.4 %
Referred by personal or HMO physician	42.7 %	Chronic renal disease	3.9 %
Transferred from skilled nursing facility		Chronic pulmonary disease	12.1 %
Admitted for elective procedure		Cerebrovascular degeneration	3.5 %
Admitted for emergency		Diabetes mellitus	5.6 %
· ·			

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City State Outside State Total	55.2% 12.5%	Hospital State National	10.1 Days

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds 989	Burn UnitYes
Occupancy Rate 83.0 %	Cardiac Intensive Care Yes
Ownership.Control Private, Non-Profit	Comprehensive Geriatric Yes
Medicare Discharges 33.4 %	Hospice Care No
Case Mix Index (CMI) 1.7669	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant Yes
Total Number of Physicians1286	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center Yes
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns	Alcohol/Drug No
Registered Nurses1525	Rehabilitation No
Licensed Practical Nurses 47	Psychiatric No
	Medicare Swing Beds No
** Except for CMI	

^{*} Not used in calculating mortality rates

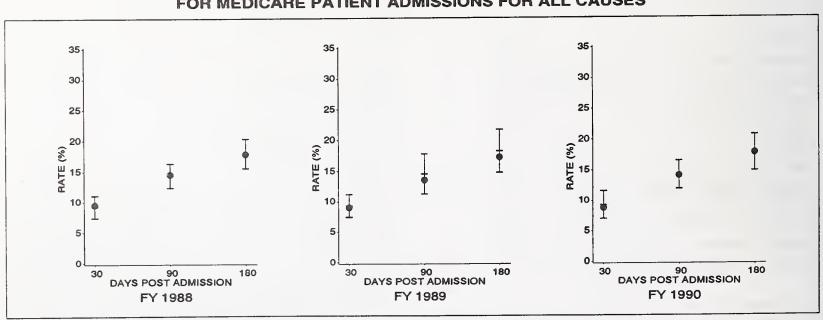
MEDICAL CENTER OF CENTRAL MASSACHUSETTS

281 LINCOLN ST WORCESTER, MA 01605 Medicare Provider Number: 220057

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	RTALIT	Y RATE	S (%)				
	NUMBER OF CASES	30 DAYS			90 DAYS			180 DAYS			;
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*		OBS	PRED	SD*
ALL CAUSES	1628	8.8	9.3	1.1	14.1	14.2	1.2		17.8	17.8	1.5
CONDITIONS:											
Acute Myocardial Infarction	70	20.0	24.6	8.3	25.7	28.4	8.7		30.0	31.4	7.5
Congestive Heart Failure	104	11.5	14.6	5.6	18.3	23.4	7.9		21.2	29.7	9.1
Pneumonla/Influenza	96	16.7	16.0	4.1	27.1	22.0	5.9		28.1	26.1	5.6
Chronic Obstructive Pulmonary Disease	17	0.0	7.8		11.8	12.9			11.8	17.3	
Transient Cerebral Ischemla	16	0.0	1.6		0.0	3.7			0.0	6.3	
Stroke	41	29.3	20.1		29.3	27.6			34.1	31.5	
Hip Fracture	63	4.8	5.7	3.4	11.1	10.6	4.8		15.9	14.4	5.2
Sepsis	19	26.3	19.0		31.6	25.4			36.8	29.5	
PROCEDURES:											
Angloplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	11	0.0	2.0		0.0	4.1			0.0	6.0	
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	39	2.6	2.5		5.1	5.0			7.7	7.0	
Open Reduction of Hip Fracture	13	7.7	5.5		15.4	10.3			23.1	13.8	
Prostatectomy	56	0.0	1.0		0.0	2.3			0.0	4.0	
Cholecystectomy	27	0.0	2.0		0.0	3.7			0.0	4.7	
Hysterectomy	8	0.0	0.1		0.0	0.2			0.0	0.4	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.



MEDICAL CENTER OF CENTRAL MASSACHUSETTS Medicare Provider Number: 220057

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	77.1 years	Cancer	8.2 %
Proportion female	60.6 %	Chronic cardiovascular disease	30.9 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.7 %
Referred by personal or HMO physician	95.7 %	Chronic renal disease	2.5 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	12.8 %
Admitted for elective procedure	15.3 %	Cerebrovascular degeneration	6.0 %
Admitted for emergency	81.8 %	Diabetes mellitus	6.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	96.3%	Hospital	10.8 Days
State	2.0%	State	10.1 Days
Outside State	1.7%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 71.0 %	Cardiac Intensive CareYes
Ownership.Control Private, Non-Profit	Comprehensive Geriatric Yes
Medicare Discharges	Hospice Care No
Case Mix Index (CMI) 1.2186	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/DrugNo
Licensed Practical Nurses 99	RehabilitationNo
Licensed Fractical Nuises	Psychiatric Yes
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

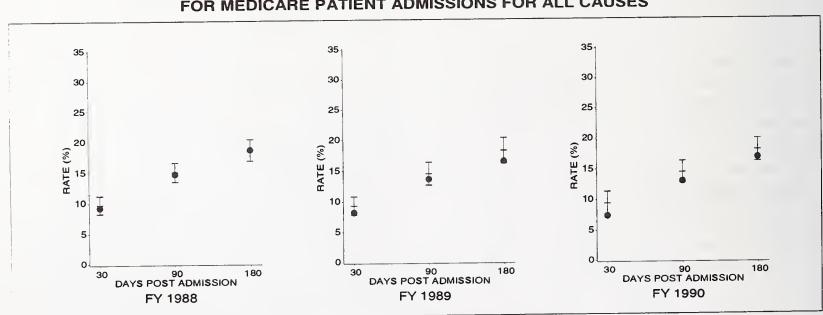
MELROSE-WAKEFIELD HOSPITAL

585 LEBANON ST MELROSE, MA 02176 Medicare Provider Number: 220106

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		3	O DAY	S	90	DAYS	.	180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2195	7.4	9.4	1.0	13.0	14.5	0.9	16.9	18.1	0.9
CONDITIONS:										
Acute Myocardial Infarction	74	20.3	20.7	4.9	21.6	24.3	5.6	28.4	27.2	6.2
Congestive Heart Failure	155	10.3	17.8	4.5	21.3	27.7	5.4	25.8	34.6	5.3
Pneumonia/Influenza	125	12.0	18.9	5.2	19.2	25.4	4.7	24.8	29.5	4.5
Chronic Obstructive Pulmonary Disease	23	0.0	6.5		4.3	12.0		4.3	16.6	
Transient Cerebral Ischemia	46	0.0	1.7		2.2	4.0		2.2	6.6	
Stroke	70	18.6	19.2	5.2	32.9	26.2	6.8	35.7	30.0	6.6
Hip Fracture		5.9	6.1	3.4	7.8	11.1	5.4	9.8	14.4	6.9
Sepsis	_	33.3	27.7		44.4	35.0		44.4	39.4	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	26	0.0	2.1		0.0	4.5		3.8	6.7	
Carotid Endarterectomy	. 18	0.0	1.1		0.0	2.2		5.6	3.4	
Hip Replacement/Reconstruction	31	6.5	4.9		6.5	9.1		9.7	11.8	
Open Reduction of Hip Fracture	. 34	5.9	4.6		8.8	8.7		8.8	11.7	
Prostatectomy	. 56	0.0	1.2	2.1	1.8	2.9	3.1	5.4	5.0	3.7
Cholecystectomy		5.6	1.5		5.6	2.7		5.6	3.6	
Hysterectomy		0.0	0.1		0.0	0.3		0.0	0.5	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.



MELROSE-WAKEFIELD HOSPITAL Medicare Provider Number: 220106

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	77.1 years	Cancer	7.9 %
Proportion female	61.8 %	Chronic cardiovascular disease	30.3 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.8 %
Referred by personal or HMO physician	30.6 %	Chronic renal disease	3.1 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	12.1 %
Admitted for elective procedure	12.5 %	Cerebrovascular degeneration	4.3 %
Admitted for emergency	66.1 %	Diabetes mellitus	5.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	ı:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	75.2%	Hospital	9.9 Days
State	22.4%	State	10.1 Days
Outside State	2.4%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	990
PROFILE:	SPECIALTY SERVICES:
Total Beds 243	Burn Unit No
Occupancy Rate 72.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges 41.2 %	Hospice Care No
Case Mix Index (CMI) 1.1176	Medical/Surgical Intensive CareYes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 140	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
Medical Residents/Interns 0	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/Drug No
Licensed Practical Nurses	Rehabilitation No
, , , , , , , , , , , , , , , , , , , ,	Psychiatric Yes
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

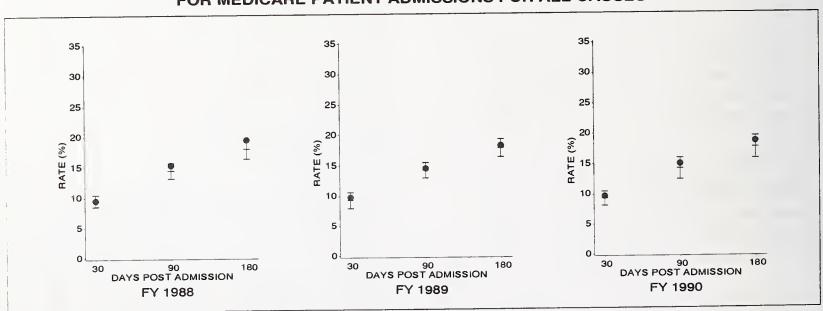
MERCY HOSPITAL

271 CAREW STREET SPRINGFIELD, MA 01104 Medicare Provider Number: 220066

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

	MORTALITY RATES (%)										
		30 DAYS		9	90 DAYS			180 DAYS			
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	3557	9.7	9.3	0.6	15.0	14.2	0.9	18.7	17.7	0.9	
CONDITIONS:											
Acute Myocardial Infarction	94	42.6	28.8	7.4	45.7	31.4	7.4	45.7	33.9	7.2	
Congestive Heart Failure	206	11.2	15.0	4.4	23.3	23.8	3.1	30.1	30.1	3.2	
Pneumonia/Influenza	183	18.0	15.7	3.2	24.0	21.8	4.0	29.5	25.7	3.8	
Chronic Obstructive Pulmonary Disease	54	5.6	8.3	5.7	13.0	14.4	7.7	14.8	18.7	7.0	
Transient Cerebral Ischemia	34	0.0	1.6		0.0	3.8		2.9	6.4		
Stroke	133	18.0	18.9	3.5	22.6	25.6	4.1	25.6	29.3	4.8	
Hip Fracture	103	8.7	6.4	3.4	10.7	11.3	3.2	13.6	14.7	3.9	
Sepsis	28	28.6	21.9		28.6	29.4		32.1	34.0		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	18	0.0	2.6		0.0	5.3		0.0	7.9		
Carotid Endarterectomy	9	0.0	1.3		0.0	2.5		0.0	3.7		
Hip Replacement/Reconstruction	72	2.8	3.5	2.3	4.2	6.4	3.6	5.6	8.5	4.	
Open Reduction of Hip Fracture	55	7.3	6.3	3.4	9.1	11.4	5.3	14.5	15.1	4.9	
Prostatectomy	165	1.2	1.0	8.0	2.4	2.6	1.4	6.1	4.4	2.	
Cholecystectomy	71	2.8	2.2	2.1	4.2	4.0	2.5	5.6	5.3	2.	
Hysterectomy	. 22	0.0	0.3		4.5	0.7		9.1	1.2		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.



MERCY HOSPITAL Medicare Provider Number: 220066

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.7 years	Cancer	7.2 %
Proportion female	56.7 %	Chronic cardiovascular disease	31.1 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.2 %
Referred by personal or HMO physician	38.6 %	Chronic renal disease	3.3 %
Transferred from skilled nursing facility	1.8 %	Chronic pulmonary disease	13.8 %
Admitted for elective procedure	23.9 %	Cerebrovascular degeneration	3.9 %
Admitted for emergency	55.8 %	Diabetes mellitus	8.3 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:	MEDICARE AVERAGE LENGTH OF STAY:
County/City92.8%	Hospital 10.3 Days
State 3.0%	State 10.1 Days
Outside State	National 8.6 Days
Total 100.0%	

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	90
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 79.0 %	Cardiac Intensive CareYes
Ownership/Control	Comprehensive Geriatric No
Medicare Discharges 51.5 %	Hospice Care No
Case Mix Index (CMI)	Medical/Surgical Intensive CareYes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 123	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/DrugNo
Licensed Practical Nurses	RehabilitationNo
Licensed Fractical Nuises	Psychiatric No
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

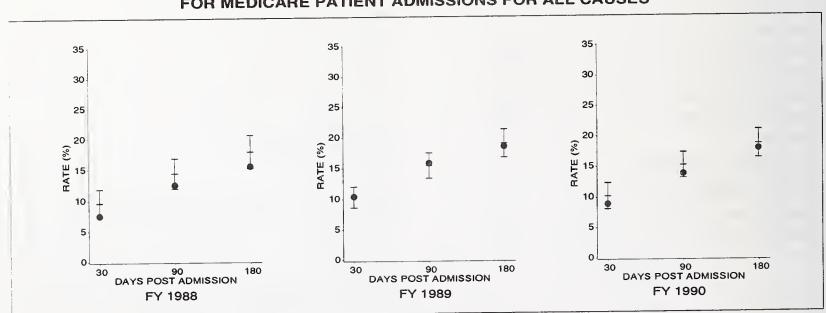
MILFORD WHITINSVILLE REGIONAL HOSPITAL

14 PROSPECT ST
MILFORD, MA 01757
Medicare Provider Number: 220090

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	RTALIT	Y RATE	S (%)			
		3	0 DAY	S	9	DAYS	3	18	0 DAYS	
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1510	8.9	10.2	1.1	13.8	15.2	1.0	17.9	18.7	1.2
CONDITIONS:										
Acute Myocardial Infarction	52	28.8	27.4	7.6	34.6	31.7	8.5	38.5	35.1	8.8
Congestive Heart Failure	82	14.6	15.7	4.9	20.7	24.4	6.5	30.5	30.7	6.0
Pneumonia/Influenza	90	14.4	17.0	5.0	24.4	23.5	4.6	28.9	27.7	4.9
Chronic Obstructive Pulmonary Disease	29	10.3	10.4		20.7	18.1		20.7	23.2	
Transient Cerebral Ischemia	24	0.0	2.8		0.0	6.1		0.0	9.3	
Stroke	68	25.0	23.5	5.5	30.9	30.3	6.2	39.7	34.1	7.4
Hip Fracture	35	2.9	6.0		8.6	11.1		14.3	14.7	
Sepsis	17	11.8	22.2		23.5	28.9		23.5	33.4	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	13	0.0	2.6		0.0	4.3		7.7	5.8	
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	29	3.4	3.7		6.9	6.9		10.3	9.3	
Open Reduction of Hip Fracture	16	0.0	6.0		6.3	11.3		12.5	15.1	
Prostatectomy	33	6.1	0.8		6.1	1.8		9.1	3.0	*
Cholecystectomy	21	4.8	1.5		4.8	2.5		4.8	3.2	
Hysterectomy	13	0.0	0.3		0.0	0.7		0.0	1.2	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.



MILFORD WHITINSVILLE REGIONAL HOSPITAL Medicare Provider Number: 220090

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	76.5 years	Cancer	5.9 %
Proportion female	62.0 %	Chronic cardiovascular disease	35.2 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.8 %
Referred by personal or HMO physician	26.2 %	Chronic renal disease	2.6 %
Transferred from skilled nursing facility	0.1 %	Chronic pulmonary disease	11.5 %
Admitted for elective procedure	11.0 %	Cerebrovascular degeneration	5.4 %
Admitted for emergency	34.5 %	Diabetes mellitus	7.4 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	65.7%	Hospital	10.7 Days
State	31.1%	State	10.1 Days
Outside State	3.2%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1	990
PROFILE:	SPECIALTY SERVICES:
Total Beds 182	Burn Unit No
Occupancy Rate 65.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges 39.0 %	Hospice Care No
Case Mix Index (CMI) 1.2282	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 90	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns0	Alcohol/Drug No
Registered Nurses	RehabilitationNo
Licensed Practical Nurses	Psychiatric Yes
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

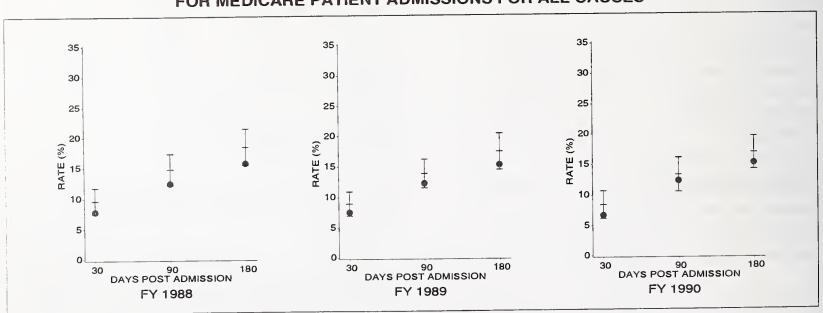
MILTON MEDICAL CENTER

92 HIGHLAND ST MILTON, MA 02186 Medicare Provider Number: 220108

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)										
	NUMBER OF CASES	30 DAYS			90 DAYS			180 DAYS				
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*		
ALL CAUSES	1615	6.7	8.4	1.1	12.3	13.3	1.4	15.2	16.9	1.4		
CONDITIONS:												
Acute Myocardial Infarction	46	13.0	26.6		13.0	30.3		15.2	33.1			
Congestive Heart Failure	75	12.0	13.4	5.3	25.3	21.2	6.2	29.3	27.2	6.1		
Pneumonia/Influenza	92	13.0	17.8	7.3	20.7	23.9	8.6	23.9	27.9	9.5		
Chronic Obstructive Pulmonary Disease	14	0.0	5.1		7.1	9.8		14.3	13.7			
Transient Cerebral Ischemia	25	0.0	1.6		0.0	3.8		4.0	6.3			
Stroke	45	24.4	20.2		28.9	26.3		37.8	29.9			
Hip Fracture	42	7.1	4.7		7.1	8.6		9.5	11.4			
Sepsis	21	0.0	20.5		9.5	27.7		19.0	32.4			
PROCEDURES:												
Angioplasty	0											
Coronary Artery Bypass Graft	0											
Initial Pacemaker Insertion	13	0.0	1.7		7.7	3.5		7.7	5.7			
Carotid Endarterectomy	. 1	0.0	0.5		0.0	1.0		0.0	1.7			
Hip Replacement/Reconstruction	18	5.6	3.8		5.6	7.4		11.1	10.0			
Open Reduction of Hip Fracture	27	3.7	3.9		3.7	7.2		3.7	9.7			
Prostatectomy	49	0.0	1.0		0.0	2.4		0.0	4.2			
Cholecystectomy	22	0.0	1.6		0.0	2.6		0.0	3.3			
Hysterectomy	. 19	5.3	0.6		5.3	1.4		5.3	2.4			

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.



MILTON MEDICAL CENTER

Medicare Provider Number: 220108

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

A	76.0 voors	Cancer	8.7 %
Average age at admission	76.9 years	Cancer	0.7 /0
Proportion female	63.0 %	Chronic cardiovascular disease	34.7 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.2 %
Referred by personal or HMO physician	38.3 %	Chronic renal disease	1.9 %
Transferred from skilled nursing facility	0.1 %	Chronic pulmonary disease	12.8 %
Admitted for elective procedure	16.1 %	Cerebrovascular degeneration	4.8 %
Admitted for emergency	59.2 %	Diabetes mellitus	6.1 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	60.1%	Hospital	9.8 Days
State	37.9%	State	10.1 Days
Outside State	2.0%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1	990
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 62.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric Yes
Medicare Discharges 49.7 %	Hospice Care No
Case Mix Index (CMI) 1.1558	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 82	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns0	Alcohol/DrugNo
Registered Nurses	Rehabilitation No
Licensed Practical Nurses	Psychiatric No
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

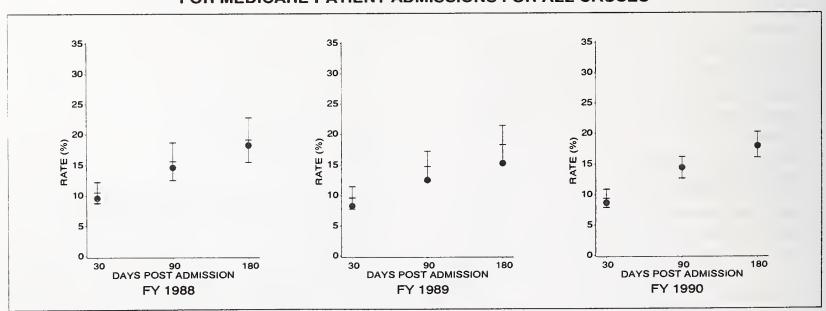
MORTON HOSPITAL & MEDICAL CENTER

88 WASHINGTON ST TAUNTON, MA 02780 Medicare Provider Number: 220073

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				МС	ORTALIT	Y RATE	S (%)				
CATEGORY		30 DAYS			9	90 DAYS			180 DAYS		
	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	1718	8.7	9.4	0.7	14.4	14.4	0.9	17.9	18.1	1.0	
CONDITIONS:											
Acute Myocardial Infarction	88	25.0	21.2	6.4	38.6	25.5	8.6	40.9	28.9	8.5	
Congestive Heart Failure	116	12.9	14.2	4.5	19.8	22.7	6.4	30.2	28.6	6.4	
Pneumonia/Influenza	104	13.5	18.4	5.9	21.2	25.3	5.3	25.0	29.6	5.4	
Chronic Obstructive Pulmonary Disease	12	33.3	11.4		41.7	18.8		58.3	23.5		
Transient Cerebral Ischemia	27	0.0	1.8		0.0	4.1		3.7	6.8		
Stroke	7 5	12.0	19.7	6.1	26.7	27.4	5.2	32.0	31.7	5.4	
Hip Fracture	39	0.0	6.4		7.7	11.5		15.4	15.0		
Sepsis	14	35.7	21.8		50.0	30.4		64.3	35.8		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	10	0.0	4.8		10.0	8.1		10.0	10.9		
Carotid Endarterectomy	1	0.0	0.5		0.0	1.1		0.0	1.7		
Hip Replacement/Reconstruction	31	0.0	4.1		3.2	7.8		6.5	10.6		
Open Reduction of Hip Fracture	19	0.0	6.0		10.5	11.1		21.1	14.5		
Prostatectomy	85	0.0	1.2	1.5	1.2	2.6	2.4	1.2	4.4	3.8	
Cholecystectomy	31	3.2	2.2		6.5	4.0		6.5	5.2		
Hysterectomy	10	0.0	0.6		0.0	1.3		0.0	2.0		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.



MORTON HOSPITAL & MEDICAL CENTER Medicare Provider Number: 220073

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.0 years	Cancer	7.3 %
Proportion female	54.7 %	Chronic cardiovascular disease	39.2 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.4 %
Referred by personal or HMO physician	22.2 %	Chronic renal disease	3.5 %
Transferred from skilled nursing facility		Chronic pulmonary disease	21.0 %
Admitted for elective procedure		Cerebrovascular degeneration	4.2 %
Admitted for emergency		Diabetes mellitus	11.8 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION County/City	91.8% 7.3%	MEDICARE AVERAGE LENGTH OF STAY: Hospital	10.1 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990		
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit	
** Except for CMI	Medicare Swing Beds No	0

^{*} Not used in calculating mortality rates

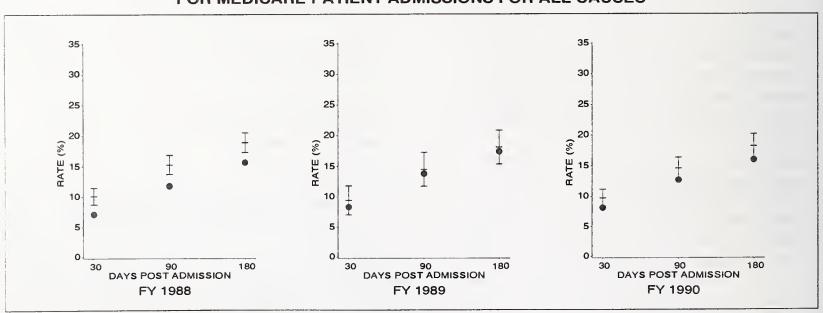
MT AUBURN HOSPITAL

330 MT AUBURN ST CAMBRIDGE, MA 02138 Medicare Provider Number: 220002

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MO	RTALIT	Y RATE	S (%)			
		30 DAYS			90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2838	8.1	9.7	0.7	12.7	14.6	0.9	16.0	18.2	1.0
CONDITIONS:										
Acute Myocardial Infarction	152	19.1	24.2	5.9	21.1	28.4	6.5	25.0	31.6	6.7
Congestive Heart Failure	128	17.2	16.1	3.4	24.2	25.7	4.4	34.4	32.4	4.5
Pneumonia/Influenza	134	17.2	16.0	3.7	22.4	22.0	3.7	26.1	25.9	4.0
Chronic Obstructive Pulmonary Disease	31	3.2	7.0		6.5	11.8		16.1	15 .9	
Transient Cerebral Ischemia	30	0.0	1.4		3.3	3.2		3.3	5.4	
Stroke	94	18.1	20.4	4.3	33.0	28.3	5.7	36.2	32.2	5.1
Hip Fracture	76	7.9	7.8	3.5	11.8	13.4	4.3	18.4	17.2	5.3
Sepsis	26	38.5	29.0		46.2	37.7		53.8	41.9	
PROCEDURES:										
Angioplasty	37	2.7	3.2		2.7	4.3		2.7	5.3	
Coronary Artery Bypass Graft	58	1.7	8.3	4.6	3.4	12.1	5.9	3.4	13.4	6.1
Initial Pacemaker Insertion	22	0.0	3.5		0.0	6.9		4.5	10.1	
Carotid Endarterectomy	13	7.7	1.7		7.7	3.0		7.7	4.1	
Hip Replacement/Reconstruction	49	2.0	3.1		6.1	5.7		10.2	7.7	
Open Reduction of Hip Fracture	44	6.8	6.8		6.8	12.1		13.6	16.0	
Prostatectomy	90	0.0	1.2	1.6	1.1	2.5	2.5	2.2	4.1	3.4
Cholecystectomy	32	0.0	3.1		0.0	5.3		0.0	6.7	
Hysterectomy	16	0.0	1.5		0.0	3.3		0.0	4.8	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.



MT AUBURN HOSPITAL Medicare Provider Number: 220002

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	76.6 years	Cancer	7.4 %
Proportion female	59.4 %	Chronic cardiovascular disease	45.3 %
DMISSION SOURCES/TYPES:		Chronic liver disease	0.9 %
Referred by personal or HMO physician	24.7 %	Chronic renal disease	3.8 %
Transferred from skilled nursing facility		Chronic pulmonary disease	11.1 %
Admitted for elective procedure		Cerebrovascular degeneration	5.6 %
Admitted for emergency		Diabetes mellitus	5.4 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	-
County/City	83.7%	Hospital	9.5 Days
State	12.9%	State	10.1 Days
Outside State	3.4%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
Total Number of Physicians	Other Intensive Care

^{*} Not used in calculating mortality rates

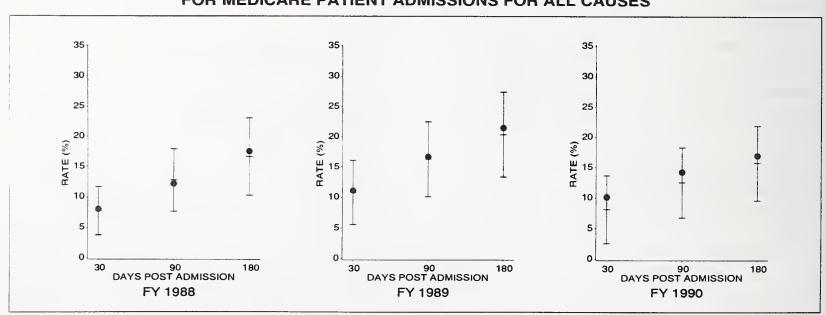
NANTUCKET COTTAGE HOSPITAL

S PROSPECT ST NANTUCKET, MA 02554 Medicare Provider Number: 220081

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
			30 DAY	S	9	90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	148	10.1	8.1	2.8	14.2	12.5	2.9	16.9	15.7	3.1	
CONDITIONS:											
Acute Myocardial Infarction	6	16.7	30.7		16.7	33.2		33.3	35.9		
Congestive Heart Failure	9	33.3	17.1		44.4	26.8		44.4	33.6		
Pneumonia/influenza	9	11.1	17.7	••••	11.1	24.3		11.1	28.0		
Chronic Obstructive Pulmonary Disease	5	0.0	12.4	*****	0.0	21.8		0.0	28.2		
Transient Cerebral Ischemia	2	0.0	1.3		0.0	3.5		0.0	6.4		
Stroke	4	75.0	23.8		75.0	29.4		75.0	33.2		
Hip Fracture	6	0.0	5.3		0.0	9.6		0.0	12.9		
Sepsis	1	0.0	22.7		0.0	26.7		0.0	31.3		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	0										
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	2	0.0	4.4	••	0.0	8.5		0.0	12.1		
Open Reduction of Hip Fracture	4	0.0	5.8		0.0	10.7		0.0	14.3		
Prostatectomy	5	0.0	0.4		0.0	1.1		0.0	1.9		
Cholecystectomy	1	0.0	0.6		0.0	1.3		0.0	2.0		
Hysterectomy	0										

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.



NANTUCKET COTTAGE HOSPITAL Medicare Provider Number: 220081

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:	COMORBIDITIES:	
Average age at admission	Chronic cardiovascular disease	6.1 % 23.0 % 0.0 % 3.4 % 9.5 % 2.0 % 6.1 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	;
County/City		Hospital	
Outside State		National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 199	90
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
Medical Residents/Interns 0	Alcohol/DrugNo
Licensed Practical Nurses 4	Rehabilitation
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

NAUKEAG HOSPITAL CORPORATION

216 LAKE RD
ASHBURNHAM, MA 01430
Medicare Provider Number: 220173

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	RTALIT	YRATE	S (%)			
			30 DAY	S	9	0 DAYS	6	18	0 DAYS	
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	11	0.0	0.5		0.0	1.3		0.0	2.3	
CONDITIONS:										
Acute Myocardial Infarction	0									
Congestive Heart Failure	0									
Pneumonia/Influenza	0									
Chronic Obstructive Pulmonary Disease	0									
Transient Cerebral Ischemia	0									
Stroke	0									
Hip Fracture	0									
Sepsis	0									
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	0									
Hysterectomy	0									

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES

No Graphs are presented when the standard deviation was not computed for one or more of the three fiscal years, (1988, 1989, or 1990)

NAUKEAG HOSPITAL CORPORATION

Medicare Provider Number: 220173

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
	52.3 years	Cancer	0.0 %
Proportion female		Chronic cardiovascular disease	18.2 %
		Chronic liver disease	0.0 %
ADMISSION SOURCES/TYPES:	9.1 %	Chronic renal disease	0.0 %
Referred by personal or HMO physician		Chronic pulmonary disease	0.0 %
Transferred from skilled nursing facility		•	18.2 %
Admitted for elective procedure		Diabetes mellitus	0.0 %
Admitted for emergency	0.0 %	Diabotos mainte	

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION County/City	50.0% 28.6%	MEDICARE AVERAGE LENGTH OF STAY: Hospital	10.1 Days
Total	100.0%		

PROFILE: SPECIALTY SERVICES: Total Beds 26 Burn Unit No Ownership/Control Private, For Profit Coronary Care Unit No Case Mix Index (CMI) 0.5510 Hospice Care No STAFFING: Intensive Care Unit Yes Medical Residents/Interns 3 Organ Transplant No Registered Nurses 9 Trauma Center No Licensed Practical Nurses 1 OTHER SPECIALTY/HOSPITAL-BASED SERVICES: Alcohol/Drug Yes Rehabilitation Yes Psychiatric Yes Medicare Swing Beds No	SOURCE: Health Care Financing Administration (O	SCAR)** -	Survey Year 1990
** Except for CMI	Total Beds	ofit 10	Burn Unit

^{*} Not used in calculating mortality rates

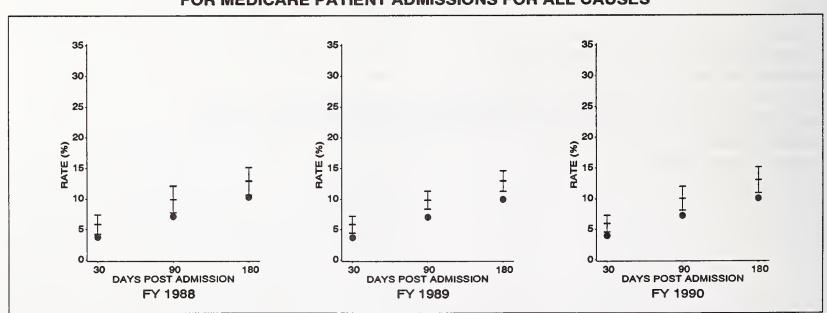
NEW ENGLAND BAPTIST HOSPITAL

91 PARKER HILL AVE BOSTON, MA 02120 Medicare Provider Number: 220088

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	DRTALIT	YRATE	ES (%)				
		30 DAYS			8	SV DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	1849	3.9	5.9	0.7	7.2	10.0	1.0	10.0	13.0	1.1	
CONDITIONS:											
Acute Myocardial Infarction	19	15.8	18.3	****	15.8	21.4		15.8	24.4		
Congestive Heart Fallure	60	10.0	16.4	7.8	23.3	26.0	6.6	30.0	32.6	6.4	
Pneumonla/Influenza	34	20.6	16.5		20.6	23.3		20.6	27.8		
Chronic Obstructive Pulmonary Disease	8	12.5	10.3		12.5	19.1		12.5	25.1		
Translent Cerebral Ischemia	12	0.0	2.8		0.0	6.0		8.3	8.8		
Stroke	19	10.5	23.5	***	10.5	32.4		10.5	37.9		
Hip Fracture	30	0.0	6.2		6.7	11.5		10.0	15.4		
Sepsis	11	9.1	25.6		27.3	36.1		27.3	41.5		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
initial Pacemaker Insertion	16	6.3	2.8		12.5	6.2		12.5	9.5		
Carotld Endarterectomy	7	0.0	1.4		0.0	2.4		0.0	3.6		
Hip Replacement/Reconstruction	248	0.4	0.9	0.8	0.8	1.8	1.2	1.6	2.5	1.4	
Open Reduction of Hip Fracture	16	0.0	5.1		6.3	10.2		12.5	14.5		
Prostatectomy	23	0.0	0.8		0.0	1.9		0.0	3.4		
Cholecystectomy	22	0.0	2.7	04000	4.5	5.6		9.1	8.3		
Hysterectomy	20	0.0	0.7		0.0	1.6		0.0	2.5		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.



NEW ENGLAND BAPTIST HOSPITAL Medicare Provider Number: 220088

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	72.3 years	Cancer	8.2 %
Proportion female	60.4 %	Chronic cardiovascular disease	30.3 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.1 %
Referred by personal or HMO physician	72.4 %	Chronic renal disease	6.0 %
Transferred from skilled nursing facility	3.0 %	Chronic pulmonary disease	10.9 %
Admitted for elective procedure	53.7 %	Cerebrovascular degeneration	3.2 %
Admitted for emergency	2.9 %	Diabetes mellitus	5.1 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	20.7%	Hospital	10.3 Days
State	65.9%	State	10.1 Days
Outside State	13.4%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 199	0
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
Case Mix Index (CMI)	Medical/Surgical Intensive Care
Percent of Physicians Board Certified Specialists	Trauma Center
** Except for CMI	Psychiatric

^{*} Not used in calculating mortality rates

NEW ENGLAND DEACONESS HOSPITAL

185 PILGRIM RD

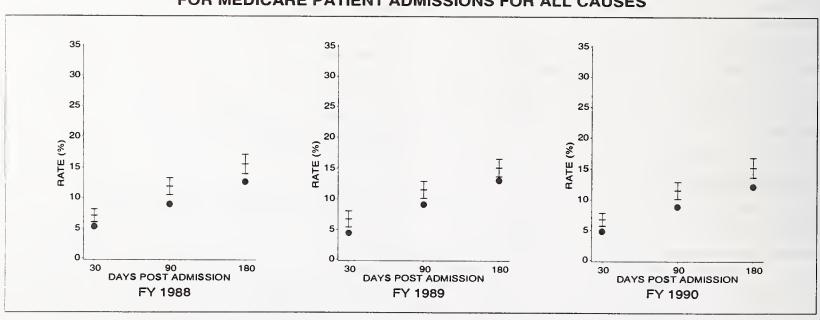
BOSTON, MA 02215

Medicare Provider Number: 220118

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				M	ORTALIT	YRATE	S (%)				
		30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	2490	4.8	6.7	0.5	8.8	11.5	0.7	12.1	15.2	0.8	
CONDITIONS:											
Acute Myocardial Infarction	44	34.1	22.9		38.6	26.6		40.9	29.9		
Congestive Heart Failure	70	12.9	15.9	8.7	27.1	26.0	10.0	31.4	33.0	7.5	
Pneumonia/Influenza	35	11.4	13.4		20.0	18.6		28.6	22.0		
Chronic Obstructive Pulmonary Disease	11	0.0	7.3		9.1	13.4		9.1	17.8		
Transient Cerebral Ischemia	6	0.0	1.6		0.0	3.8		0.0	6.4		
Stroke	19	5.3	16.6		5.3	24.1		10.5	28.0		
Hip Fracture	13	0.0	10.5		7.7	18.2		7.7	22.7		
Sepsis	17	17.6	22.7		35.3	32.4		35.3	37.5		
PROCEDURES:											
Angioplasty	122	2.5	2.0	1.3	2.5	3.3	2.1	5.7	4.6	2.2	
Coronary Artery Bypass Graft	138	6.5	6.2	3.4	7.2	9.3	3.8	8.0	10.6	4.5	
Initial Pacemaker Insertion	5	20.0	4.7		20.0	9.7		20.0	15.0		
Carotid Endarterectomy	20	0.0	1.3		0.0	2.5		5.0	3.8		
Hip Replacement/Reconstruction	18	0.0	5.0		5.6	9.2		11.1	11.9		
Open Reduction of Hip Fracture	4	0.0	8.5		0.0	15.8		0.0	20.5		
Prostatectomy	56	0.0	0.8	1.3	0.0	2.0	2.3	0.0	3.6	3.4	
Cholecystectomy	33	0.0	4.2		3.0	8.8		3.0	12.8		
Hysterectomy	13	0.0	0.5		0.0	1.2		7.7	2.0		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.



NEW ENGLAND DEACONESS HOSPITAL Medicare Provider Number: 220118

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	0.0.04
Average age at admission	71.0 years	Cancer	8.9 %
Proportion female	50.6 %	Chronic cardiovascular disease	32.9 %
DMISSION SOURCES/TYPES:		Chronic liver disease	1.5 %
Referred by personal or HMO physician	43.7 %	Chronic renal disease	4.9 %
Transferred from skilled nursing facility		Chronic pulmonary disease	5.5 %
Admitted for elective procedure		Cerebrovascular degeneration	2.4 %
Admitted for emergency		Diabetes mellitus	25.8 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	17.0%	Hospital	10.6 Days
State	68.5%	State	10.1 Days
Outside State	14.5%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	90
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit No
Occupancy Rate	Cardiac Intensive Care Yes Comprehensive Geriatric Yes Hospice Care No Medical/Surgical Intensive Care Yes Organ/Tissue Transplant Yes Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center

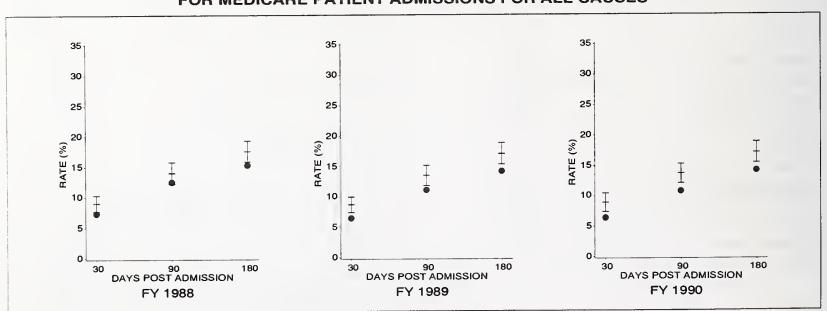
^{*} Not used in calculating mortality rates

NEW ENGLAND MEDICAL CENTER HOSPITAL 750 WASHINGTON STREET BOSTON, MA 02111 Medicare Provider Number: 220116

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

	MORTALITY RATES (%)									
		30 DAYS				DAYS	3	180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2247	6.4	8.9	0.8	10.8	13.7	8.0	14.2	17.2	0.9
CONDITIONS:										
Acute Myocardial Infarction	89	19.1	23.7	5.7	27.0	27.3	5.0	28.1	30.1	5.0
Congestive Heart Failure	55	9.1	14.1	6.3	20.0	22.5	5.9	27.3	28.5	6.4
Pneumonia/Influenza	61	16.4	18.3	6.6	26.2	25.3	5.7	31.1	29.6	6.2
Chronic Obstructive Pulmonary Disease	21	0.0	10.8		9.5	17.8		19.0	23.1	
Transient Cerebral Ischemia	19	0.0	1.3		5.3	2.7		5.3	4.4	
Stroke	55	7.3	22.1	7.9	14.5	28.0	8.8	21.8	31.7	9.4
Hip Fracture	28	0.0	6.1		7.1	10.7		7.1	13.8	
Sepsis	6	66.7	23.3		83.3	30.4		83.3	35.5	
PROCEDURES:										
Angioplasty	37	5.4	3.7		5.4	5.4		5.4	6.9	
Coronary Artery Bypass Graft	155	1.3	6.2	2.9	5.2	9.3	3.2	5.2	10.6	3.4
Initial Pacemaker Insertion	12	0.0	3.4		0.0	6.9		8.3	9.9	
Carotid Endarterectomy	25	8.0	1.6		8.0	2.8		8.0	4.1	
Hip Replacement/Reconstruction	29	0.0	2.2		3.4	4.1		3.4	5.6	
Open Reduction of Hip Fracture	13	0.0	5.9		7.7	10.7		7.7	13.9	
Prostatectomy	37	0.0	0.6		0.0	1.5		0.0	2.7	
Cholecystectomy	17	0.0	4.1		0.0	8.0		0.0	11.1	
Hysterectomy	20	0.0	0.5		0.0	1.1		0.0	2.0	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.



NEW ENGLAND MEDICAL CENTER HOSPITAL Medicare Provider Number: 220116

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	70.3 years	Cancer	10.3 %
Proportion female		Chronic cardiovascular disease	42.3 %
DMISSION SOURCES/TYPES:		Chronic liver disease	1.5 %
Referred by personal or HMO physician	42.0 %	Chronic renal disease	4.8 %
Transferred from skilled nursing facility		Chronic pulmonary disease	13.5 %
Admitted for elective procedure		Cerebrovascular degeneration	2.7 %
Admitted for energency		Diabetes mellitus	6.2 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSIO County/City State Outside State Total	36.2% 55.7% 8.1%	MEDICARE AVERAGE LENGTH OF STAY: Hospital State National	10.1 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990 PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
** Except for CMI	Psychiatric

^{*} Not used in calculating mortality rates

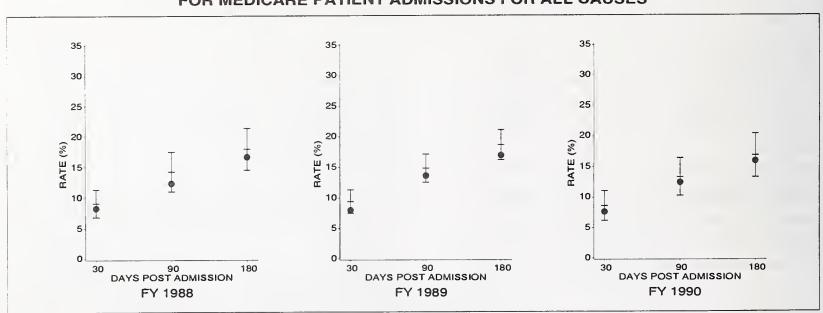
NEW ENGLAND MEMORIAL HOSPITAL

5 WOODLAND RD STONEHAM, MA 02180 Medicare Provider Number: 220064

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
		30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	1424	7.6	8.6	1.2	12.4	13.3	1.5	15.9	16.8	1.8	
CONDITIONS:											
Acute Myocardial Infarction	43	16.3	21.9		18.6	24.1		18.6	26.5		
Congestive Heart Failure	76	14.5	14.4	4.9	22.4	22.6	5.1	32.9	28.8	7.7	
Pneumonia/Influenza	96	12.5	16.7	5.8	17.7	23.1	7.8	22.9	27.3	8.2	
Chronic Obstructive Pulmonary Disease	21	9.5	7.2		14.3	12.9		23.8	17.5		
Transient Cerebral Ischemia	15	0.0	1.6		0.0	3.7		6.7	6.2		
Stroke	57	14.0	19.7	6.7	19.3	25.8	6.6	21.1	29.3	7.6	
Hip Fracture	38	10.5	7.5		18.4	13.0		21.1	16.7		
Sepsis	12	16.7	21.4		33.3	28.4		33.3	32.2		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	10	0.0	2.7		0.0	5.4		10.0	8.1		
Carotid Endarterectomy	6	0.0	1.5		0.0	2.8		0.0	4.2		
Hip Replacement/Reconstruction	22	9.1	3.4		13.6	6.3		18.2	8.6		
Open Reduction of Hip Fracture	23	4.3	7.6		13.0	13.3		17.4	17.2		
Prostatectomy	35	0.0	1.5		2.9	3.4		5.7	5.8		
Cholecystectomy	30	3.3	2.7		6.7	5.1		10.0	7.0		
Hysterectomy	8	0.0	0.1		0.0	0.2		0.0	0.4		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases Is too small for satisfactory estimation.



NEW ENGLAND MEMORIAL HOSPITAL Medicare Provider Number: 220064

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.8 years	Cancer	6.5 %
Proportion female	62.2 %	Chronic cardiovascular disease	39.2 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.6 %
Referred by personal or HMO physician	36.1 %	Chronic renal disease	2.0 %
Transferred from skilled nursing facility		Chronic pulmonary disease	16.9 %
Admitted for elective procedure		Cerebrovascular degeneration	5.5 %
Admitted for emergency		Diabetes mellitus	6.6 %
Admitted for emergency	9.8 %	Diabetes menitus	0.0

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City State Outside State Total	86.3% 11.8% 1.9%	Hospital State National	10.1 Days

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No Cardiac Intensive Care No
Ownership/Control Church	Comprehensive Geriatric No
Medicare Discharges 33.3 %	Hospice Care No
Case Mix Index (CMI) 1.1982	Medical/Surgical Intensive Care
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 137	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns 0	Alcohol/DrugNo
Registered Nurses 190	RehabilitationNo
Licensed Practical Nurses 10	Psychiatric No
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

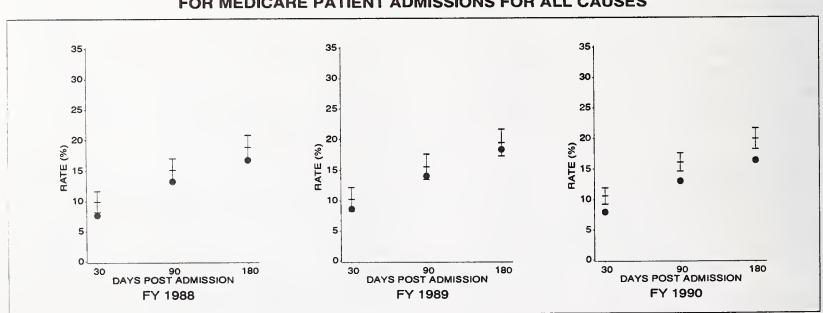
NEWTON-WELLESLEY HOSPITAL

2014 WASHINGTON ST NEWTON LOWER FALLS, MA 02162 Medicare Provider Number: 220101

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				S (%)						
	NUMBER OF CASES	30 DAYS			90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2678	7.9	10.6	0.7	13.0	16.1	0.8	16.4	19.9	0.8
CONDITIONS:										
Acute Myocardial Infarction	90	23.3	30.9	6.5	34.4	35.0	5.4	40.0	38.1	5.8
Congestive Heart Failure	111	10.8	15.7	5.9	18.0	24.6	7.4	26.1	30.6	8.3
Pneumonia/Influenza	85	10.6	18.2	6.7	14.1	24.9	6.9	17.6	28.9	7.2
Chronic Obstructive Pulmonary Disease	30	3.3	9.6		3.3	16.5		3.3	21.9	
Transient Cerebral Ischemia	18	0.0	1.5		0.0	3.4		5.6	5.7	
Stroke	100	14.0	19.2	6.2	25.0	26.0	5.4	27.0	29.9	5.2
Hip Fracture	93	9.7	7.5	3.3	12.9	13.2	3.9	18.3	17.1	4.1
Sepsis	57	15.8	25.9	8.9	22.8	32.3	9.1	28.1	37.1	9.4
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	15	0.0	3.7		0.0	7.6		0.0	11.5	
Carotid Endarterectomy	7	0.0	1.4		0.0	2.7		0.0	4.2	
Hip Replacement/Reconstruction	60	1.7	3.8	3.8	1.7	7.0	5.4	5.0	9.2	6.0
Open Reduction of Hip Fracture	54	11.1	6.7	5.0	14.8	12.5	6.9	20.4	16.6	8.5
Prostatectomy	93	2.2	1.3	1.8	5.4	3.0	2.8	7.5	5.1	3.9
Cholecystectomy	60	1.7	2.5	2.6	3.3	4.5	3.1	5.0	6.1	3.2
Hysterectomy	32	0.0	0.3		0.0	0.8		0.0	1.4	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.



NEWTON-WELLESLEY HOSPITAL Medicare Provider Number: 220101

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	77.3 years	Cancer	9.2 %
Proportion female	62.3 %	Chronic cardiovascular disease	37.6 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.2 %
Referred by personal or HMO physician	34.3 %	Chronic renal disease	2.8 %
Transferred from skilled nursing facility		Chronic pulmonary disease	12.7 %
Admitted for elective procedure		Cerebrovascular degeneration	6.7 %
Admitted for emergency		Diabetes mellitus	5.2 %
•			

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	62.1%	Hospital	9.1 Days
State	33.6%	State	10.1 Days
Outside State	4.3%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
Medical Residents/Interns	Alcohol/Drug No Rehabilitation No Psychiatric No
Licensed Practical Nuises	Psychiatric No Medicare Swing Beds No
** Except for CMI	

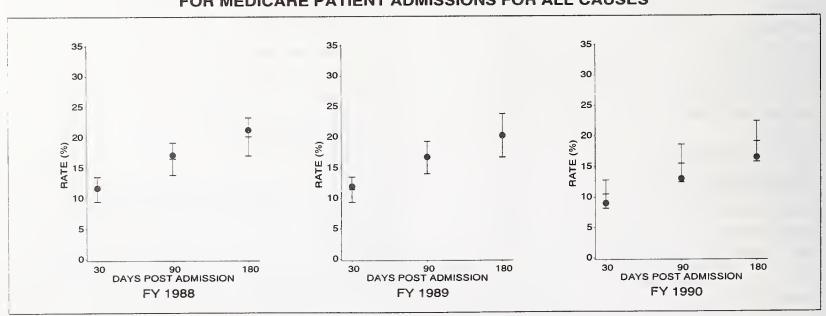
^{*} Not used in calculating mortality rates

NOBLE HOSPITAL 115 W SILVER ST WESTFIELD, MA 01085 Medicare Provider Number: 220065

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	ORTALIT	Y RATE	S (%)			
	NUMBER OF CASES	30 DAYS			90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1030	9.0	10.5	1.2	13.0	15.5	1.5	16.5	19.1	1.7
CONDITIONS:										
Acute Myocardial Infarction	47	27.7	28.3		27.7	31.6		29.8	34.8	
Congestive Heart Failure	64	9.4	16.0	6.5	15.6	25.0	8.8	23.4	31.3	8.7
Pneumonia/Influenza	67	13.4	17.2	9.1	17.9	23.6	8.7	22.4	28.0	8.8
Chronic Obstructive Pulmonary Disease	19	5.3	4.4		10.5	8.6		15.8	12.4	
Transient Cerebral Ischemia	14	0.0	1.6		0.0	3.8		0.0	6.2	
Stroke	24	20.8	23.2		20.8	29.4		25.0	33.4	
Hip Fracture	38	2.6	6.7		7.9	12.1		10.5	15.8	
Sepsis	9	33.3	33.3		33.3	40.8		33.3	45.0	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	7	0.0	4.2		0.0	8.9		14.3	13.1	
Carotid Endarterectomy	3	0.0	1.8		0.0	3.3		0.0	4.9	
Hip Replacement/Reconstruction	15	0.0	3.9		6.7	7.1		6.7	9.7	
Open Reduction of Hip Fracture	26	3.8	6.2		7.7	11.7		11.5	15.5	
Prostatectomy	23	0.0	0.9	••••	0.0	2.2		4.3	3.8	
Cholecystectomy	23	0.0	4.1		4.3	7.1		8.7	8.9	
Hysterectomy	6	0.0	0.4		0.0	0.8		0.0	1.3	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.



NOBLE HOSPITAL

Medicare Provider Number: 220065

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	76.6 years	Cancer	7.9 %
Proportion female	60.1 %	Chronic cardiovascular disease	35.7 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.8 %
Referred by personal or HMO physician	44.0 %	Chronic renal disease	3.1 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	14.5 %
Admitted for elective procedure	14.9 %	Cerebrovascular degeneration	3.2 %
Admitted for emergency	53.7 %	Diabetes mellitus	7.4 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	90.7%	Hospital	10.2 Days
State	5.2%	State	10.1 Days
Outside State	4.1%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE: Total Beds 120 Occupancy Rate 63.0 % Ownership.Control Private, Non-Profit Medicare Discharges 53.0 % Case Mix Index (CMI) 1.1431 STAFFING: 58 Percent of Physicians Board Certified Specialists 70.7 % Medical Residents/Interns 0 Registered Nurses 76 Licensed Practical Nurses 30	SPECIALTY SERVICES: Burn Unit
** Except for CMI	Psychiatric Yes Medicare Swing Beds No

^{*} Not used in calculating mortality rates

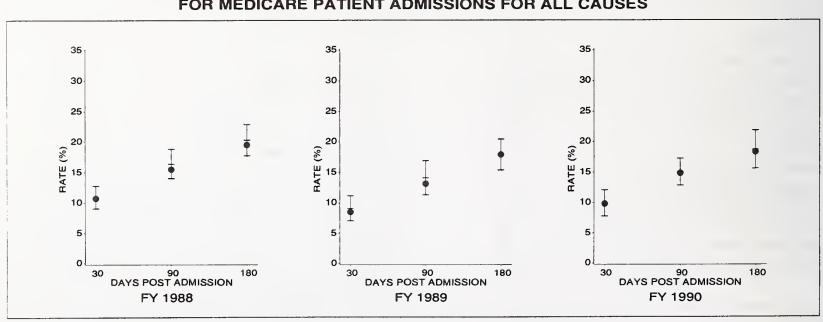
NORTH ADAMS REGIONAL HOSPITAL

HOSPITAL AVE
NORTH ADAMS, MA 01247
Medicare Provider Number: 220051

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				М	ORTALIT	Y RATE	S (%)				
	NUMBER OF CASES	30 DAYS			90 DAYS			18	180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	1174	9.8	9.9	1.1	14.8	15.0	1.1	18.3	18.7	1.6	
CONDITIONS:											
Acute Myocardial Infarction	42	19.0	29.9		23.8	33.0		28.6	35.7		
Congestive Heart Failure	79	13.9	15.0	4.1	24.1	24.0	5.3	31.6	30.5	6.6	
Pneumonia/Influenza	81	21.0	17.4	6.1	27.2	23.7	5.6	27.2	28.0	5.9	
Chronic Obstructive Pulmonary Disease	19	0.0	7.1		5.3	12.7		15.8	17.0		
Transient Cerebral Ischemia	19	0.0	1.8		0.0	4.1		0.0	6.6		
Stroke	56	14.3	18.3	7.0	21.4	24.9	7.2	26.8	28.5	6.2	
Hip Fracture	31	3.2	8.2		12.9	14.5		16.1	18.6		
Sepsis	12	8.3	20.6		16.7	28.0		16.7	32.4		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	9	0.0	10.0		0.0	15.6		0.0	18.9		
Carotid Endarterectomy	1	0.0	1.0		0.0	2.1		0.0	3.5		
Hip Replacement/Reconstruction	19	0.0	4.0		5.3	7.2		5.3	9.4		
Open Reduction of Hip Fracture	12	0.0	6.9		8.3	13.5		8.3	17.8		
Prostatectomy	30	0.0	0.7		0.0	1.7		3.3	2.9		
Cholecystectomy	28	0.0	1.8		3.6	3.4		3.6	4.5		
Hysterectomy	8	0.0	0.1		0.0	0.3		12.5	0.5		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.



NORTH ADAMS REGIONAL HOSPITAL Medicare Provider Number: 220051

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	76.4 years	Cancer	7.9 %
Proportion female	57.2 %	Chronic cardiovascular disease	39.8 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.7 %
Referred by personal or HMO physician	35.7 %	Chronic renal disease	2.8 %
Transferred from skilled nursing facility	0.6 %	Chronic pulmonary disease	14.7 %
Admitted for elective procedure	27.8 %	Cerebrovascular degeneration	7.2 %
Admitted for emergency	57.8 %	Diabetes mellitus	6.5 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	91.9%	Hospital	10.6 Days
State	1.9%	State	10.1 Days
Outside State	6.2%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 62.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges43.7 %	Hospice Care No
Case Mix Index (CMI) 1.1785	Medical/Surgical Intensive CareYes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists 90.0 %	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugNo
Registered Nurses	Rehabilitation No
Licensed Practical Nurses	PsychiatricYes
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

NORWOOD HOSPITAL

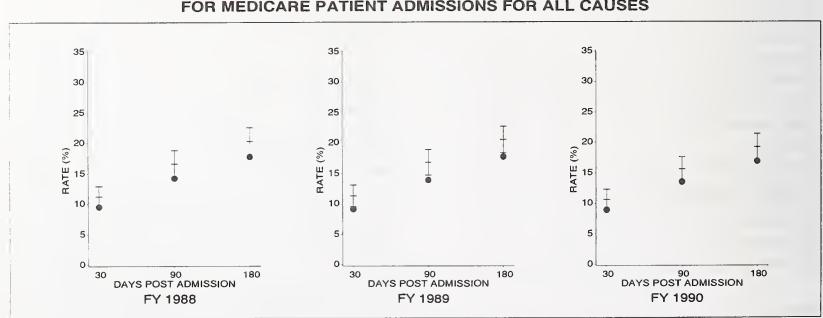
800 WASHINGTON ST NORWOOD, MA 02062 Medicare Provider Number: 220126

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				МС	ORTALITY RATES (%)					
		3	BO DAY	S	9	0 DAYS	3	180	0 DAYS	3
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2363	8.9	10.6	0.9	13.5	15.6	1.0	16.9	19.2	1.1
CONDITIONS:										
Acute Myocardial Infarction	96	20.8	23.5	5.1	29.2	26.7	5.0	31.3	29.6	4.9
Congestive Heart Failure	148	14.2	15.9	3.1	20.3	24.8	4.5	27.7	31.0	6.2
Pneumonia/Influenza	116	19.0	20.9	4.7	24.1	28.2	6.0	28.4	32.9	7.0
Chronic Obstructive Pulmonary Disease	49	6.1	9.5		16.3	15.8		20.4	20.6	
Transient Cerebral Ischemia	51	2.0	2.5	2.2	3.9	5.3	3.9	5.9	8.1	5.3
Stroke	120	20.0	22.1	6.5	23.3	29.6	8.9	29.2	33.4	9.2
Hip Fracture	81	6.2	7.1	3.6	9.9	12.8	4.5	13.6	16.8	5.4
Sepsis	23	21.7	24.7		21.7	33.2		21.7	37.9	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	26	3.8	4.3		7.7	7.6		15.4	10.2	
Carotid Endarterectomy	11	0.0	2.2		0.0	4.0		9.1	5.7	
Hip Replacement/Reconstruction	55	3.6	4.3	4.1	9.1	8.0	3.9	9.1	10.7	4.8
Open Reduction of Hip Fracture	49	6.1	6.4		8.2	12.2		14.3	16.3	
Prostatectomy	32	0.0	0.5		0.0	1.3		0.0	2.3	
Cholecystectomy	36	2.8	2.7		2.8	4.9		5.6	6.3	
Hysterectomy	11	0.0	0.2		0.0	0.5		0.0	0.9	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



NORWOOD HOSPITAL Medicare Provider Number: 220126

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	76.1 years	Cancer	5.9 %
Proportion female	60.3 %	Chronic cardiovascular disease	44.5 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.9 %
Referred by personal or HMO physician	22.0 %	Chronic renal disease	3.9 %
Transferred from skilled nursing facility	4.9 %	Chronic pulmonary disease	13.7 %
Admitted for elective procedure	13.1 %	Cerebrovascular degeneration	4.5 %
Admitted for emergency		Diabetes mellitus	6.7 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	86.1%	Hospital	11.3 Days
State	11.9%	State	10.1 Days
Outside State	2.0%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 199	0
PROFILE:	SPECIALTY SERVICES:
Total Beds 288	Burn Unit No
Occupancy Rate 71.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric Yes
Medicare Discharges 38.3 %	Hospice Care No
Case Mix Index (CMI) 1.2531	Medical/Surgical Intensive CareYes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center
Medical Residents/Interns 0	OTHER SPECIALTY/HOSPITAL-BASED SERVICES: Alcohol/Drug
Registered Nurses 170	,
Licensed Practical Nurses	RehabilitationNo
	Psychiatric No
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

QUINCY HOSPITAL

114 WHITEWELL STREET

QUINCY, MA 02169

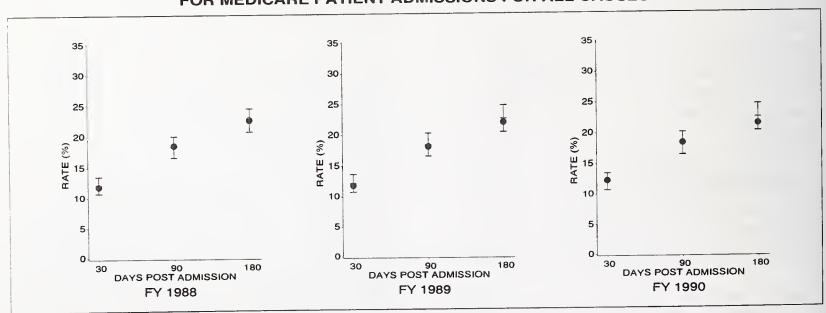
Medicare Provider Number: 220067

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	2319	12.3	12.1	0.7	18.4	18.3	0.9	21.5	22.5	1.1	
CONDITIONS:											
Acute Myocardial Infarction	87	29.9	28.4	8.9	35.6	31.8	10.0	36.8	34.6	10.3	
Congestive Heart Failure	130	11.5	17.3	5.6	21.5	27.2	7.2	26.9	33.6	7.3	
Pneumonia/Influenza	144	22.2	22.5	3.7	31.3	30.5	4.9	33.3	35.2	5.1	
Chronic Obstructive Pulmonary Disease	50	4.0	8.9		12.0	15.0		14.0	19.4		
Transient Cerebral Ischemia	31	0.0	2.2		3.2	4.9		6.5	8.0		
Stroke	113	24.8	20.1	6.4	30.1	28.6	5.1	31.9	33.2	5.1	
Hip Fracture	87	12.6	7.7	5.2	16.1	13.7	4.7	17.2	17.7	5.4	
Sepsis	32	15.6	25.6		18.8	33.7		25.0	39.1		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	15	0.0	3.3		0.0	7.0		0.0	10.3		
Carotid Endarterectomy	. 0										
Hip Replacement/Reconstruction	37	8.1	4.9		16.2	9.6		16.2	13.1		
Open Reduction of Hip Fracture	32	15.6	7.8		18.8	14.3		18.8	18.6		
Prostatectomy	. 52	0.0	1.3	2.3	7.7	3.0	4.6	7.7	4.9	4.3	
Cholecystectomy	31	6.5	3.1		12.9	5.5		12.9	7.2		
Hysterectomy	. 4	0.0	0.1		0.0	0.3		0.0	0.6		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



QUINCY HOSPITAL Medicare Provider Number: 220067

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	77.3 years	Cancer	8.0 %
Proportion female	63.8 %	Chronic cardiovascular disease	39.1 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.1 %
Referred by personal or HMO physician	25.3 %	Chronic renal disease	2.6 %
Transferred from skilled nursing facility	14.0 %	Chronic pulmonary disease	14.1 %
Admitted for elective procedure	10.5 %	Cerebrovascular degeneration	8.9 %
Admitted for emergency	60.3 %	Diabetes mellitus	5.3 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City85.0%	Hospital	11.2 Days
State	State	10.1 Days
Outside State	National	8.6 Days
Total 100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
** Except for CMI	Psychiatric

^{*} Not used in calculating mortality rates

SALEM HOSPITAL

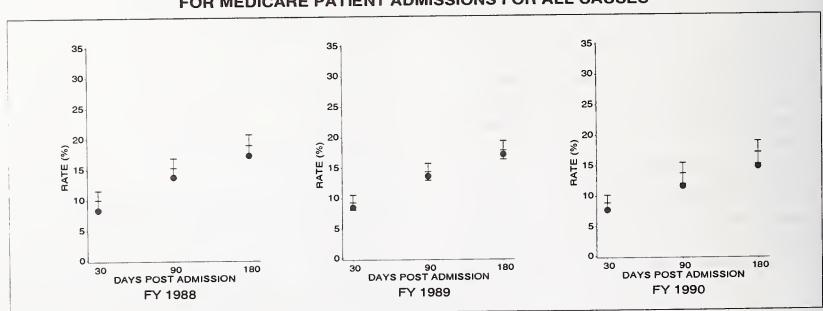
81 HIGHLAND AVENUE SALEM, MA 01970 Medicare Provider Number: 220006

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		3	30 DAYS			90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	3101	7.7	8.9	0.6	11.6	13.7	0.9	14.8	17.1	0.9	
CONDITIONS:											
Acute Myocardial Infarction	119	23.5	24.5	4.0	27.7	28.0	4.9	29.4	30.9	4.7	
Congestive Heart Failure	152	8.6	15.4	4.7	19.7	24.1	6.3	24.3	30.2	5.6	
Pneumonia/Influenza	134	9.7	15.4	5.4	17.2	20.9	5.7	18.7	24.5	6.1	
Chronic Obstructive Pulmonary Disease	36	11.1	8.3		19.4	14.4		22.2	18.8		
Transient Cerebral Ischemia	45	0.0	1.2		4.4	2.9		8.9	4.8		
Stroke	125	20.0	21.7	6.1	25.6	28.3	5.7	30.4	31.9	6.4	
Hip Fracture	85	4.7	7.0	3.5	5.9	12.4	4.9	9.4	16.2	5.7	
Sepsis	11	18.2	26.8		27.3	33.8		36.4	38.2		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	20	0.0	4.1		0.0	8.3		5.0	12.0		
Carotid Endarterectomy	6	0.0	1.3		0.0	2.5		0.0	3.5		
Hip Replacement/Reconstruction	87	3.4	2.8	1.9	4.6	5.2	2.4	5.7	7.0	2.9	
Open Reduction of Hip Fracture	43	2.3	7.1		2.3	13.0		7.0	17.1		
Prostatectomy	92	0.0	1.0	2.1	3.3	2.4	1.8	4.3	4.0	2.1	
Cholecystectomy	49	2.0	3.6		2.0	6.4		6.1	8.0		
Hysterectomy	23	0.0	0.6		0.0	1.4		0.0	2.4		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



SALEM HOSPITAL

Medicare Provider Number: 220006

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.7 years	Cancer	7.8 %
Proportion female	57.8 %	Chronic cardiovascular disease	37.1 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.9 %
Referred by personal or HMO physician	35.5 %	Chronic renal disease	2.6 %
Transferred from skilled nursing facility	0.1 %	Chronic pulmonary disease	12.5 %
Admitted for elective procedure	20.4 %	Cerebrovascular degeneration	4.2 %
Admitted for emergency	56.4 %	Diabetes mellitus	6.7 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:	M	EDICARE AVERAGE LENGTH OF STAY:	
County/City93	3.4%	Hospital	10.2 Days
State	3.3%	State	10.1 Days
Outside State	3.3%	National	8.6 Days
Total 100	0.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
Total Number of Physicians 276 Percent of Physicians Board Certified Specialists 84.4 % Medical Residents/Interns 19 Registered Nurses 470 Licensed Practical Nurses 30 ** Except for CMI	Other Intensive Care No Trauma Center Yes OTHER SPECIALTY/HOSPITAL-BASED SERVICES: Alcohol/Drug Yes Rehabilitation No Psychiatric Yes Medicare Swing Beds No

^{*} Not used in calculating mortality rates

SOLDIERS HOME OF HOLYOKE

CHERRY ST HOLYOKE, MA 01040 Medicare Provider Number: 220153

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)								
			BO DAY	S	9	0 DAYS		18	0 DAYS	
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	13	23.1	13.4	••••	38.5	20.9		38.5	24.9	
CONDITIONS:										
Acute Myocardial Infarction	0									
Congestive Heart Failure	0									
Pneumonia/Influenza	1	0.0	15.2		0.0	23.1		0.0	26.9	
Chronic Obstructive Pulmonary Disease	0									
Transient Cerebral Ischemia	1	0.0	3.0		100.0	8.0		100.0	15.0	
Stroke	0									
Hip Fracture	0									
Sepsis	1	0.0	33.0		0.0	40.4		0.0	43.9	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	2	0.0	1.4		0.0	2.3		0.0	3.3	
Cholecystectomy	0									
Hysterectomy	0									

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES

No Graphs are presented when the standard deviation was not computed for one or more of the three fiscal years, (1988, 1989, or 1990)

SOLDIERS HOME OF HOLYOKE

Medicare Provider Number: 220153

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.7 years	Cancer	0 .0 %
Proportion female	0.0 %	Chronic cardiovascular disease	23.1 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	7.7 %
Referred by personal or HMO physician	0.0 %	Chronic renal disease	0.0 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	7.7 %
Admitted for elective procedure	0.0 %	Cerebrovascular degeneration	15.4 %
Admitted for emergency	0.0 %	Diabetes mellitus	0.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	76.5%	Hospital	16.5 Days
State	17.6%	State	10.1 Days
Outside State	5.9%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 199	О
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
STAFFING: Total Number of Physicians	Organ/Tissue Transplant No Other Intensive Care No Trauma Center No OTHER SPECIALTY/HOSPITAL-BASED SERVICES: Alcohol/Drug No Rehabilitation No Psychiatric No Medicare Swing Beds Yes

^{*} Not used in calculating mortality rates

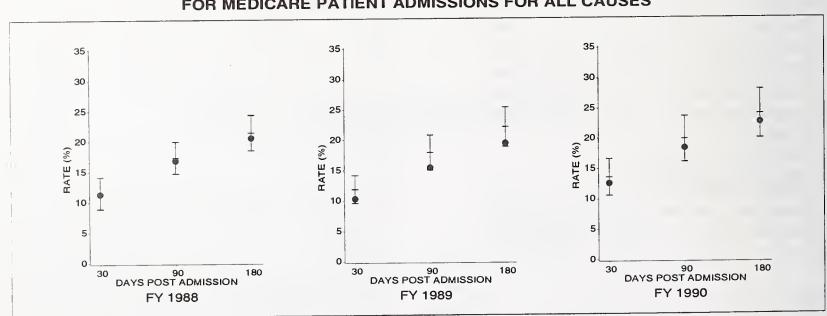
SOMERVILLE HOSPITAL
230 HIGHLAND AVE
SOMERVILLE, MA 02143
Medicare Provider Number: 220004

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	986	12.6	13.6	1.5	18.4	19.9	1.9	22.7	24.1	2.0	
CONDITIONS:											
Acute Myocardial Infarction	33	27.3	26.3		30.3	29.9		30.3	33.1		
Congestive Heart Failure	59	10.2	16.9	8.4	23.7	25.8	7.6	30.5	32.0	8.6	
Pneumonia/Influenza	34	2.9	18.0		8.8	24.5		8.8	28.6		
Chronic Obstructive Pulmonary Disease	17	11.8	11.2		11.8	18.9		11.8	24.0		
Transient Cerebral Ischemia	4	0.0	10.0		25.0	19.4		25.0	25.0		
Stroke	27	22.2	24.0		33.3	31.3		37.0	35.1		
Hip Fracture	31	12.9	8.6		12.9	15.3		19.4	19.5		
Sepsis	24	20.8	33.2		25.0	39.3		25.0	43.5		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	4	25.0	4.3		25.0	9.1		25.0	13.3		
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	11	18.2	6.8		18.2	13.3		18.2	17.9		
Open Reduction of Hip Fracture	18	11.1	7.4		11.1	13.4		16.7	17.2		
Prostatectomy	23	4.3	1.5		4.3	3.7		13.0	6.5		
Cholecystectomy	17	0.0	2.9		0.0	4.7		0.0	5.8		
Hysterectomy		16.7	2.5		16.7	5.5		16.7	8.0		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



SOMERVILLE HOSPITAL Medicare Provider Number: 220004

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	77.3 years	Cancer	8.4 %
Proportion female	60.5 %	Chronic cardiovascular disease	44.9 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.4 %
Referred by personal or HMO physician	4.6 %	Chronic renal disease	1.8 %
Transferred from skilled nursing facility		Chronic pulmonary disease	16.4 %
Admitted for elective procedure		Cerebrovascular degeneration	5.7 %
Admitted for emergency		Diabetes mellitus	5.9 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	91.1%	Hospital	10.0 Days
State	7.4%	State	10.1 Days
Outside State	1.5%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

SOUTH SHORE HOSPITAL

55 FOGG RD

SOUTH WEYMOUTH, MA 02190

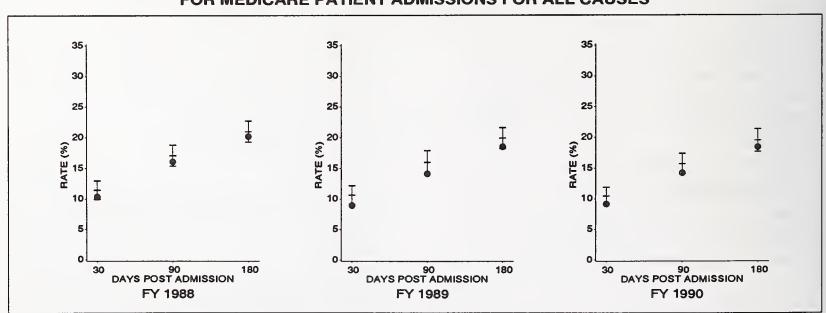
Medicare Provider Number: 220100

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
	NUMBER OF CASES		30 DAYS			90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	3093	9.1	10.4	0.7	14.2	15.7	0.8	18.4	19.5	0.9	
CONDITIONS:											
Acute Myocardiai infarction	128	17.2	25.6	5.9	19.5	28.6	6.0	21.1	31.2	6.3	
Congestive Heart Failure	213	14.6	16.3	3.1	24.4	25.5	3.3	28.6	31.7	3.8	
Pneumonia/influenza	156	25.6	18.6	6.6	29.5	25.5	7.1	32.7	29.8	6.4	
Chronic Obstructive Pulmonary Disease	47	17.0	9.3	•	27.7	16.3		31.9	21.1		
Transient Cerebrai ischemia	42	0.0	2.6		2.4	5.6	••	7.1	8.6	••••	
Stroke	124	15.3	19.7	6.7	20.2	26.7	8.7	26.6	30.6	9.0	
Hip Fracture	114	4.4	6.3	3.2	6.1	11.6	4.0	11.4	15.3	3.9	
Sepsis	35	22.9	31.0	••••	25.7	40.9		45.7	46.5		
PROCEDURES:											
Angiopiasty	0										
Coronary Artery Bypass Graft	0										
initiai Pacemaker insertion	18	0.0	4.0		0.0	7.0	•	0.0	9.5		
Carotid Endarterectomy	9	0.0	1.4		0.0	2.5		0.0	3.7		
Hip Replacement/Reconstruction	71	2.8	4.2	3.7	2.8	8.0	5.4	5.6	10.9	5.6	
Open Reduction of Hip Fracture	54	3.7	5.6	5.3	7.4	10.6	6.8	14.8	14.2	6.9	
Prostatectomy	81	0.0	1.1	1.6	1.2	2.5	2.2	2.5	4.3	2.9	
Choiecystectomy	53	1.9	3.2	3.1	3.8	6.2	4.8	5.7	8.6	5.3	
Hysterectomy	21	0.0	0.7		0.0	1.5	••••	4.8	2.3		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



SOUTH SHORE HOSPITAL

Medicare Provider Number: 220100

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.8 years	Cancer	8.8 %
Proportion female	58.9 %	Chronic cardiovascular disease	35.6 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.3 %
Referred by personal or HMO physician	24.1 %	Chronic renal disease	2.9 %
Transferred from skilled nursing facility	7.4 %	Chronic pulmonary disease	12.3 %
Admitted for elective procedure	12.6 %	Cerebrovascular degeneration	5.1 %
Admitted for emergency	71.7 %	Diabetes mellitus	7.2 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	50.1%	Hospital	10.7 Days
State	47.5%	State	10.1 Days
Outside State	2.4%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
STAFFING: Total Number of Physicians	Organ/Tissue Transplant No Other Intensive Care No Trauma Center Yes OTHER SPECIALTY/HOSPITAL-BASED SERVICES: Alcohol/Drug No Rehabilitation No
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

SOUTHWOOD COMMUNITY HOSPITAL

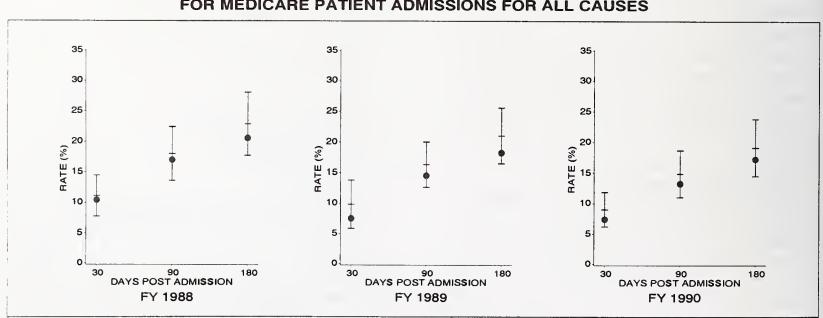
111 DEDHAM STREET NORFOLK, MA 02056 Medicare Provider Number: 220079

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
	NUMBER OF CASES		30 DAYS			90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	661	7.4	9.0	1.4	13.2	14.8	1.9	17.2	19.1	2.3	
CONDITIONS:											
Acute Myocardial Infarction	17	23.5	29.5		23.5	35.3		29.4	39.2		
Congestive Heart Failure	25	20.0	16.8	*****	20.0	26.2		28.0	32.3		
Pneumonia/Influenza	37	8.1	15.4		13.5	21.1		13.5	24.7		
Chronic Obstructive Pulmonary Disease	10	0.0	6.7		20.0	13.1		20.0	18.8		
Transient Cerebral Ischemia	10	0.0	3.5		0.0	7.2		0.0	10.2		
Stroke	11	9.1	14.5		9.1	20.8		9.1	24.6		
Hip Fracture	7	14.3	6.4		14.3	11.6		14.3	14.6		
Sepsis	5	20.0	14.1		20.0	20.5		20.0	24.4		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	4	0.0	4.2		25.0	8.4		50.0	11.9		
Carotid Endarterectomy	1	0.0	1.4	*****	0.0	2.4		0.0	3.6		
Hip Replacement/Reconstruction	3	0.0	6.2		0.0	11.0		0.0	13.9		
Open Reduction of Hip Fracture	4	25.0	5.2		25.0	10.2		25.0	13.4		
Prostatectomy	1	0.0	0.6		0.0	1.0		0.0	1.4		
Cholecystectomy	11	0.0	3.1		0.0	6.4		0.0	8.8		
Hysterectomy	2	0.0	0.2		0.0	0.3		0.0	0.4		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



SOUTHWOOD COMMUNITY HOSPITAL Medicare Provider Number: 220079

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	73.0 years	Cancer	15.3 %
Proportion female	58.7 %	Chronic cardiovascular disease	29.2 %
DMISSION SOURCES/TYPES:		Chronic liver disease	3.6 %
Referred by personal or HMO physician	45.5 %	Chronic renal disease	2.1 %
Transferred from skilled nursing facility		Chronic pulmonary disease	13.5 %
Admitted for elective procedure		Cerebrovascular degeneration	4.7 %
Admitted for emergency		Diabetes mellitus	6.8 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	3
County/City		Hospital	
Outside State		National	
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
** Except for CMI	

^{*} Not used in calculating mortality rates

ST ANNES HOSPITAL CORPORATION

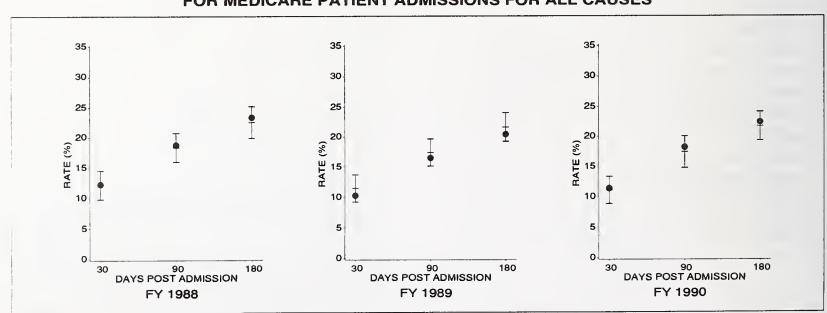
795 MIDDLE ST FALL RIVER, MA 02722 Medicare Provider Number: 220020

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
		30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	1706	11.4	11.1	1.1	18.2	17.4	1.3	22.4	21.7	1.2	
CONDITIONS:											
Acute Myocardial Infarction	83	21.7	20.0	6.2	27.7	23.3	6.2	27.7	26.0	5.3	
Congestive Heart Failure	100	8.0	16.1	4.7	15.0	25.2	5.5	21.0	31.4	6.4	
Pneumonia/Influenza	80	12.5	19.2	6.2	18.7	25.9	6.4	23.7	30.0	6.2	
Chronic Obstructive Pulmonary Disease	36	8.3	8.1		11.1	14.2		16.7	19.1		
Transient Cerebral Ischemia	26	7.7	2.5		11.5	5.4		11.5	8.7		
Stroke	77	24.7	17.9	6.1	32.5	25.9	8.3	40.3	29.9	9.2	
Hip Fracture	35	14.3	6.2		17.1	11.0		17.1	14.3		
Sepsis	21	23.8	31.7		38.1	43.7		38.1	49.7		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	12	16.7	4.6		16.7	8.0		16.7	10.7		
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	17	5.9	4.7		5.9	8.6		5.9	11.2		
Open Reduction of Hip Fracture	18	22.2	6.2		22.2	11.2		22.2	14.8		
Prostatectomy	26	0.0	1.1		0.0	2.5		0.0	3.9		
Cholecystectomy	43	2.3	1.4		2.3	2.4		2.3	3.1		
Hysterectomy	10	0.0	0.7		0.0	1.8		0.0	3.0		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



ST ANNES HOSPITAL CORPORATION Medicare Provider Number: 220020

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.4 years	Cancer	13.8 %
Proportion female	57.6 %	Chronic cardiovascular disease	33.5 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.8 %
Referred by personal or HMO physician	23.9 %	Chronic renal disease	2.9 %
Transferred from skilled nursing facility		Chronic pulmonary disease	12.6 %
Admitted for elective procedure	8.8 %	Cerebrovascular degeneration	4.2 %
Admitted for emergency		Diabetes mellitus	10.7 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	81.2%	Hospital	12.6 Days
State		State	10.1 Days
Outside State	17.5%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
Medical Residents/Interns	Alcohol/Drug No Rehabilitation No Psychiatric No Medicare Swing Beds No

^{*} Not used in calculating mortality rates

ST ELIZABETHS HOSPITAL

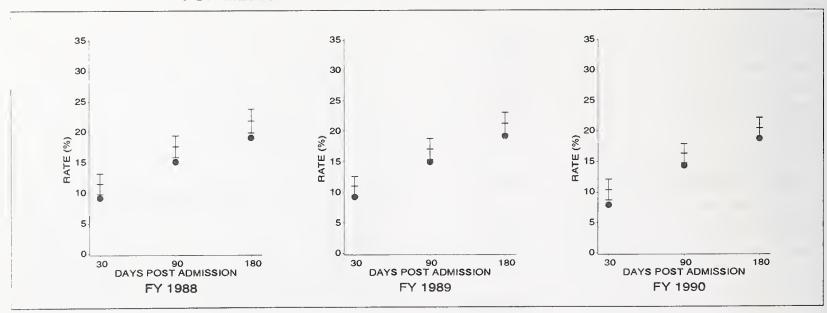
736 CAMBRIDGE ST BRIGHTON, MA 02135 Medicare Provider Number: 220036

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	DRTALIT	YRATE	S (%)				
	NUMBER OF CASES	30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	3202	7 .9	10.4	0.9	14.3	16.3	0.8	18.7	20.4	0.9	
CONDITIONS:											
Acute Myocardial Infarction	50	24.0	29.0		30.0	32.6		34.0	35.6		
Congestive Heart Failure	156	12.8	17.8	4.5	21.2	27.7	5.4	25.6	34.6	5.5	
Pneumonia/Influenza	211	16.1	21.6	3.7	21.8	29.7	4.5	26.1	34.8	4.8	
Chronic Obstructive Pulmonary Disease	26	11.5	9.8		11.5	17.2		11.5	22.8		
Transient Cerebral Ischemia	34	0.0	2.2		2.9	4.9		5.9	8.0		
Stroke	95	11.6	21.8	6.4	18.9	29.5	6.4	23.2	33.6	6.	
Hip Fracture	80	6.3	6.3	3.2	11.2	11.5	3.6	15.0	15.4	4.	
Sepsis	37	29.7	29.4		32.4	38.8		35.1	44.0		
PROCEDURES:											
Angioplasty	46	4.3	1.8		4.3	2.8		6.5	3.7		
Coronary Artery Bypass Graft	111	6.3	5.3	2.3	10.8	8.5	3.4	12.6	10.0	3.	
Initial Pacemaker Insertion	21	0.0	2.3		0.0	4.6		9.5	6.9		
Carotid Endarterectomy	5	0.0	1.0		0.0	1.8		0.0	2.5		
Hip Replacement/Reconstruction	39	5.1	3.5		7.7	7.0		10.3	9.6		
Open Reduction of Hip Fracture	36	8.3	6.2		13.9	11.4		19.4	15.3		
Prostatectomy	123	1.6	0.6	1.1	2.4	1.6	1.4	2.4	2.8	1.	
Cholecystectomy	35	2.9	3.8		5.7	6.6		5.7	8.7		
Hysterectomy	25	0.0	1.3		0.0	2.8		0.0	4.3		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



ST ELIZABETHS HOSPITAL

Medicare Provider Number: 220036

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.8 years	Cancer	7.4 %
Proportion female		Chronic cardiovascular disease	35.0 %
DMISSION SOURCES/TYPES:		Chronic liver disease	1.1 %
	31 2 %	Chronic renal disease	5.0 %
Referred by personal or HMO physician		Chronic pulmonary disease	11.3 %
Transferred from skilled nursing facility		Cerebrovascular degeneration	8.5 %
Admitted for elective procedure		Diabetes mellitus	5.4 %
Admitted for emergency	60.1 %	Diabetes memos	

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION County/City	37.1% 59.2%	MEDICARE AVERAGE LENGTH OF STAY: Hospital	10.1 Days
Total	100.0%		

^{*} Not used in calculating mortality rates

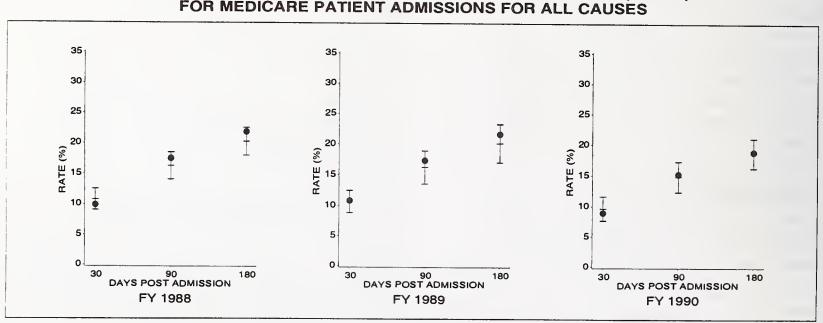
ST JOHNS HOSPITAL 1 HOSPITAL DR LOWELL, MA 01852 Medicare Provider Number: 220082

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				M	ORTALIT	YRATE	ES (%)								
04770004		30 DAYS			9	90 DAYS			180 DAYS						
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*					
ALL CAUSES	1938	8.9	9.6	1.0	15.2	14.8	1.2	18.8	18.6	1.2					
CONDITIONS:															
Acute Myocardial Infarction	80	30.0	22.6	8.6	33.7	26.6	9.2	36.2	29.8	9.8					
Congestive Heart Failure	109	15.6	17.3	5.7	25.7	27.0	5.5	30.3	33.8	5.9					
Pneumonia/Influenza	115	20.0	17.6	4.1	25.2	24.2	4.5	29.6	28.4	4.3					
Chronic Obstructive Pulmonary Disease	42	7.1	6.2		9.5	11.3		9.5	16.0						
Transient Cerebral Ischemia	26	0.0	2.9	****	0.0	6.1		7.7	9.2						
Stroke	59	10.2	19.0	7.6	22.0	26.5	7.5	25.4	30.8	6.7					
Hip Fracture	43	7.0	6.6		18.6	11.5		23.3	14.9						
Sepsis	15	33.3	24.9	*	40.0	33.6		40.0	38.2						
PROCEDURES:															
Angioplasty	0														
Coronary Artery Bypass Graft	0														
Initial Pacemaker Insertion	13	0.0	2.9		7.7	6.0		7.7	9.0						
Carotid Endarterectomy	5	0.0	1.8		0.0	3.1		0.0	4.3						
Hip Replacement/Reconstruction	30	3.3	3.0		13.3	5.6		13.3	7.4						
Open Reduction of Hip Fracture	25	8.0	6.4		16.0	11.5		24.0	15.1						
Prostatectomy	75	0.0	0.9	1.5	2.7	2.2	1.8	5.3	3.7	2.6					
Cholecystectomy	35	0.0	2.9		2.9	5.3		2.9	6.9						
Hysterectomy	6	0.0	0.4		0.0	1.0	•	0.0	1.8						

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



ST JOHNS HOSPITAL Medicare Provider Number: 220082

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

	COMORBIDITIES:	
75.8 years	Cancer	8.8 %
	Chronic cardiovascular disease	35.8 %
	Chronic liver disease	1.1 %
26.2 %	Chronic renal disease	3.3 %
	Chronic pulmonary disease	15.3 %
	Cerebrovascular degeneration	4.5 %
	Diabetes mellitus	8.3 %
	75.8 years 60.2 % 26.2 % 0.1 % 13.2 % 69.0 %	75.8 years Cancer Chronic cardiovascular disease Chronic liver disease Chronic renal disease Chronic pulmonary disease Cerebrovascular degeneration

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:	:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City State Outside State Total	91.9% 3.9% 4.2%	Hospital State National	10.1 Days

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
Ownership/Control	Hospice Care
Total Number of Physicians	Other Intensive Care
Registered Nurses	Rehabilitation
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

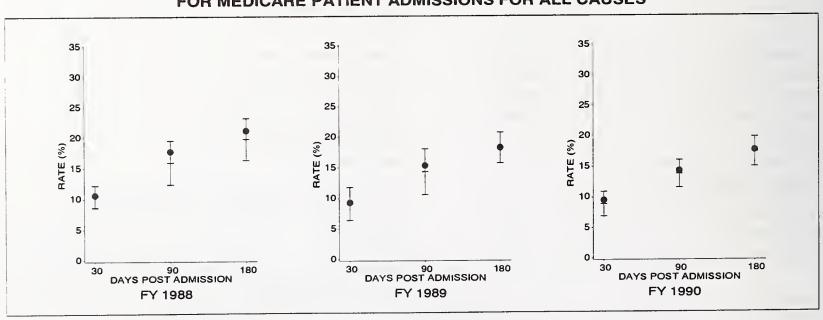
ST JOSEPHS HOSPITAL 220 PAUTUCKET ST LOWELL, MA 01854 Medicare Provider Number: 220045

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	DRTALIT	TALITY RATES (%)							
		3	0 DAY	s	9	90 DAYS			180 DAYS				
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*			
ALL CAUSES	1257	9.5	8.9	1.0	14.3	13.8	1.1	17.7	17.4	1.2			
CONDITIONS:													
Acute Myocardial Infarction	39	23.1	21.7		30.8	24.5		33.3	26.9				
Congestive Heart Failure	81	9.9	14.1	4.4	17.3	22.4	6.0	19.8	28.7	7.2			
Pneumonia/Influenza	35	34.3	22.2		40.0	29.5		48.6	33.8				
Chronic Obstructive Pulmonary Disease	29	3.4	8.0		6.9	14.0		17.2	18.3				
Transient Cerebral Ischemia	18	0.0	1.5		0.0	3.5		11.1	5.8				
Stroke	50	16.0	19.7		24.0	25.9		30.0	29.5				
Hip Fracture	49	2.0	6.6		6.1	12.1		8.2	15.8				
Sepsis	13	30.8	22.4		38.5	28.3		38.5	31.9				
PROCEDURES:													
Angioplasty	0												
Coronary Artery Bypass Graft	0												
Initial Pacemaker Insertion	4	0.0	3.6		0.0	6.7		0.0	9.4				
Carotid Endarterectomy	2	0.0	0.9		0.0	1.6		0.0	2.3				
Hip Replacement/Reconstruction	20	0.0	2.8		0.0	5.4		0.0	7.4				
Open Reduction of Hip Fracture	32	3.1	6.0		9.4	11.5		12.5	15.3				
Prostatectomy	50	0.0	1.3		6.0	3.0		6.0	5.0				
Cholecystectomy	17	0.0	2.7		0.0	5.2		5.9	7.3				
Hysterectomy	13	0.0	0.2		7.7	0.5		7.7	1.0				

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



ST JOSEPHS HOSPITAL Medicare Provider Number: 220045

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	74.5 years	Cancer	7.2 %
Proportion female		Chronic cardiovascular disease	31.8 %
DMISSION SOURCES/TYPES:		Chronic liver disease	2.3 %
Referred by personal or HMO physician	28.9 %	Chronic renal disease	7.8 %
Transferred from skilled nursing facility		Chronic pulmonary disease	15.2 %
Admitted for elective procedure		Cerebrovascular degeneration	4.1 %
Admitted for emergency		Diabetes mellitus	8.4 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION: County/City 94.0% State 2.5% Outside State 3.5% Total 100.0%	MEDICARE AVERAGE LENGTH OF STAY: Hospital	10.1 Days	
--	--	-----------	--

PROFILE:	SPECIALTY SERVICES:
Total Beds 15	Burn Unit No
Occupancy Rate 69.0	No
Ownership.Control Private, Non-Prof	
Medicare Discharges(Not Available	- Vaa
Case Mix Index (CMI)	Vac
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No. No. No. No. No. No. No. No.
Medical Residents/Interns	Alcohol/DrugNo
Registered Nurses 14	
Licensed Practical Nurses	PsychiatricNo
	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

ST LUKES HEALTHCARE INC

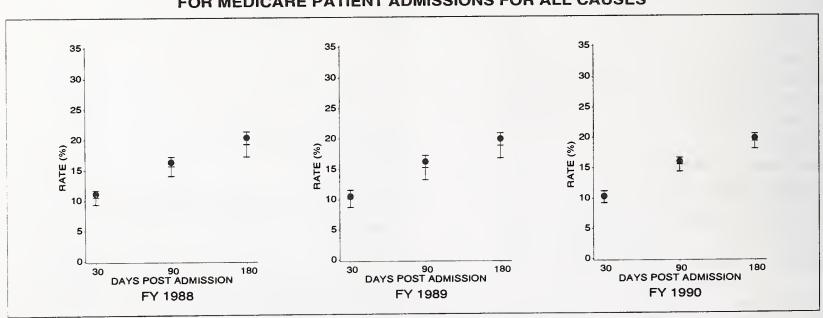
101 PAGE STREET NEW BEDFORD, MA 02740 Medicare Provider Number: 220021

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	PRTALIT	YRATE	S (%)				
		30 DAYS			9	0 DAYS	3	18	180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	4571	10.3	10.2	0.5	16.0	15.5	0.6	19.8	19.3	0.6	
CONDITIONS:											
Acute Myocardial Infarction	197	24.9	27.6	4.1	31.5	30.8	3.5	33.0	33.5	3.4	
Congestive Heart Failure	308	16.6	14.8	3.0	26.0	23.6	4.6	32.5	30.0	4.6	
Pneumonia/Influenza	307	17.9	19.6	2.4	26.1	26.5	2.6	30.0	30.8	2.7	
Chronic Obstructive Pulmonary Disease	34	5.9	9.0	****	11.8	15.3		14.7	20.6		
Transient Cerebral Ischemia	92	3.3	2.4	2.5	6.5	5.2	4.8	6.5	8.3	5.0	
Stroke	187	19.3	21.4	3.9	27.3	28.6	3.9	29.9	32.7	4.1	
Hip Fracture	98	5.1	7.0	2.8	10.2	12.6	4.2	11.2	16.4	5.1	
Sepsis	28	14.3	20.4		21.4	27.6		25.0	32.5		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	29	6.9	3.9		17.2	6.7		24.1	9.2		
Carotid Endarterectomy	9	0.0	1.5		0.0	2.7		0.0	3.9		
Hip Replacement/Reconstruction	67	4.5	4.2	2.5	7.5	8.0	3.8	7.5	10.8	5.3	
Open Reduction of Hip Fracture	36	0.0	5.9		8.3	11.2		11.1	15.1		
Prostatectomy	127	1.6	0.9	1.0	3.1	2.2	1.6	4.7	3.7	2.4	
Cholecystectomy	60	3.3	2.1	2.7	3.3	4.0	3.2	3.3	5.6	4.1	
Hysterectomy	37	0.0	0.5		2.7	1.1		2.7	1.8		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



ST LUKES HEALTHCARE INC Medicare Provider Number: 220021

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.4 years	Cancer	8.5 %
Proportion female	55.6 %	Chronic cardiovascular disease	41.1 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.1 %
Referred by personal or HMO physician	27.4 %	Chronic renal disease	3.1 %
Transferred from skilled nursing facility	4.0 %	Chronic pulmonary disease	12.9 %
Admitted for elective procedure	14.1 %	Cerebrovascular degeneration	4.6 %
Admitted for emergency	69.9 %	Diabetes mellitus	14.6 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	94.4%	Hospital	11.9 Days
State	4.4%	State	10.1 Days
Outside State	1.2%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	90
PROFILE:	SPECIALTY SERVICES:
Total Beds 475	Burn Unit No
Occupancy Rate 76.0 %	Cardiac Intensive CareYes
Ownership.Control Private, Non-Profit	Comprehensive Geriatric Yes
Medicare Discharges 43.1 %	Hospice CareYes
Case Mix Index (CMI) 1.1760	Medical/Surgical Intensive CareYes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 147	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
Medical Residents/Interns 0	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/DrugNo
Licensed Practical Nurses 110	RehabilitationNo
	Psychiatric Yes
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

ST LUKES HOSPITAL OF MIDDLEBOROUGH

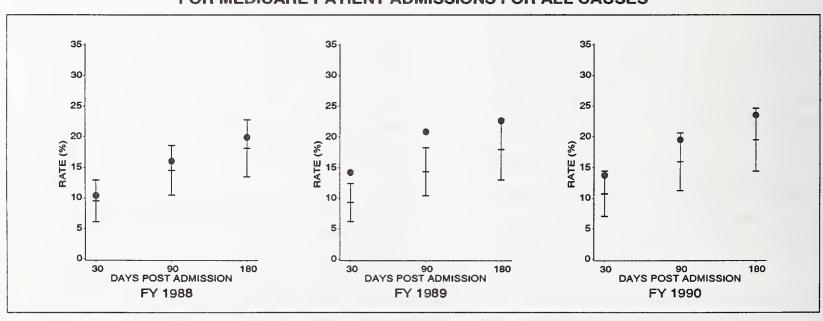
52 OAK ST MIDDLEBORO, MA 02346 Medicare Provider Number: 220129

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	ORTALITY RATES (%)						
		30 DAYS			9	0 DAYS	3	180 DAYS			
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	498	13.7	10.7	1.9	19.5	15.9	2.4	23.5	19.5	2.6	
CONDITIONS:											
Acute Myocardial Infarction	14	42.9	27.0		42.9	29.1		42.9	31.3		
Congestive Heart Failure	31	22.6	16.9		25.8	27.5		35.5	34.0		
Pneumonia/Influenza	42	11.9	16.7		14.3	22.8		26.2	26.9		
Chronic Obstructive Pulmonary Disease	7	0.0	6.7		0.0	12.1		0.0	16.1		
Transient Cerebral Ischemia	9	0.0	1.8		0.0	4.2		11.1	6.9		
Stroke	19	21.1	18.5		36.8	27.0		36.8	31.3		
Hip Fracture	19	26.3	7.9		31.6	13.5		31.6	17.1		
Sepsis	4	50.0	31.1		50.0	40.0		50.0	44.8		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	4	0.0	1.0		0.0	2.3		0.0	3.6		
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	7	14.3	3.9		14.3	7.6		14.3	10.0		
Open Reduction of Hip Fracture	9	44.4	10.0		44.4	17.0		44.4	21.3		
Prostatectomy	9	0.0	0.8		0.0	1.8		0.0	3.0		
Cholecystectomy	7	0.0	0.8		0.0	1.6		14.3	2.3		
Hysterectomy	3	0.0	0.3		0.0	0.8		0.0	1.5		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



ST LUKES HOSPITAL OF MIDDLEBOROUGH Medicare Provider Number: 220129

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DITIES:
4.4 %
ardiovascular disease 26.9 %
ver disease 1.2 %
enal disease 1.2 %
ulmonary disease 11.8 %
ascular degeneration 7.2 %
mellitus 7.6 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	l:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	79.6%	Hospital	7.3 Days
State	17.8%	State	10.1 Days
Outside State	2.6%	National	8.6 Days
Total	100.0%		

SOURCE: Health Care Financing Administration (OSCAR)**	- Survey Year 1990
PROFILE:	SPECIALTY SERVICES:
Total Beds 55	Burn Unit No
Ownership.Control Private, Non-Profit	Coronary Care Unit No
Case Mix Index (CMI) 1.0709	Hospice Care No
STAFFING:	Intensive Care Unit Yes
Medical Residents/Interns 0	Organ Transplant No
Registered Nurses	Trauma Center No
Licensed Practical Nurses 24	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugNo
	Rehabilitation No
	Psychiatric No
	Medicare Swing Beds No
** Except for CMI	

^{*} Not used in calculating mortality rates

ST MARGARETS HOSPITAL FOR WOMEN

90 CUSHING AVE DORCHESTER, MA 02122 Medicare Provider Number: 220102

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	ORTALIT	PRTALITY RATES (%)							
		30 DAYS			ę	0 DAY	3	180 DAYS		3			
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*			
ALL CAUSES	11	0.0	0.2		9.1	0.5		9.1	0.8				
CONDITIONS: .													
Acute Myocardial Infarction	0												
Congestive Heart Failure	0												
Pneumonia/Influenza	0												
Chronic Obstructive Pulmonary Disease	0												
Transient Cerebral Ischemia	0												
Stroke	0												
Hip Fracture	0												
Sepsis	0												
PROCEDURES:													
Angioplasty	0												
Coronary Artery Bypass Graft	0												
Initial Pacemaker Insertion	0												
Carotid Endarterectomy	0												
Hip Replacement/Reconstruction	0												
Open Reduction of Hip Fracture	0												
Prostatectomy	0												
Cholecystectomy	0												
Hysterectomy	1	0.0	0.0		0.0	0.1		0.0	0.2				

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES

No Graphs are presented when the standard deviation was not computed for one or more of the three fiscal years, (1988, 1989, or 1990)

ST MARGARETS HOSPITAL FOR WOMEN Medicare Provider Number: 220102

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:	COMORBIDITIES:	
Average age at admission 50.9 years	Cancer	0.0 %
Proportion female100.0 %	Chronic cardiovascular disease	0.0 %
ADMISSION SOURCES/TYPES:	Chronic liver disease	0.0 %
Referred by personal or HMO physician 100.0 %	Chronic renal disease	0.0 %
Transferred from skilled nursing facility 0.0 %	Chronic pulmonary disease	0.0 %
Admitted for elective procedure	Cerebrovascular degeneration	0.0 %
Admitted for emergency 9.1 %	Diabetes mellitus	0.0 %
Admitted for emergency		

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:	M	EDICARE AVERAGE LENGTH OF STAY:	
County/City 57 State 35 Outside State 7 Total 100	5.7% 7.1%	Hospital State National	10.1 Days

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990		
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit	No No No
Case Mix Index (CMI)	Medical/Surgical Intensive Care	
Medical Residents/Interns	Alcohol/Drug Rehabilitation Psychiatric Medicare Swing Beds	No No No

^{*} Not used in calculating mortality rates

ST VINCENT HOSPITAL

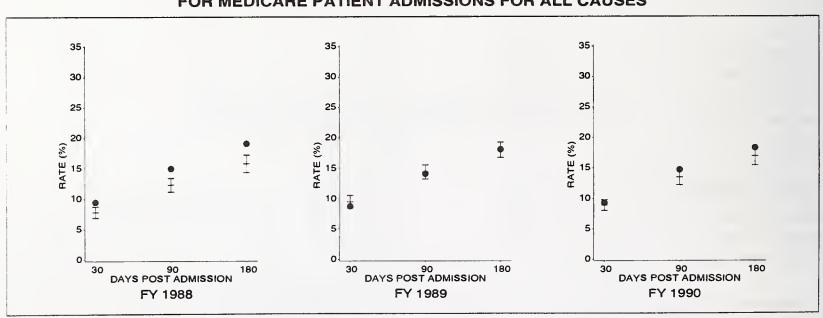
25 WINTHROP STREET WORCESTER, MA 01604 Medicare Provider Number: 220028

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				М	ORTALIT	YRATE	S (%)			
		30 DAYS		9	0 DAYS	3	18	180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	4419	9.3	8.9	0.5	14.7	13.5	0.7	18.3	16.9	0.7
CONDITIONS:										
Acute Myocardial Infarction	157	29.9	23.3	5.6	33.8	26.0	6.0	34.4	28.5	5.2
Congestive Heart Failure	212	15.1	15.2	2.8	23.1	23.5	3.3	28.3	29.5	3.4
Pneumonia/Influenza	168	16.7	17.7	3.1	26.8	24.5	4.0	31.5	28.9	4.6
Chronic Obstructive Pulmonary Disease	41	12.2	5.4		19.5	9.9		22.0	14.1	
Transient Cerebral Ischemia	29	0.0	1.4		3.4	3.2		3.4	5.2	
Stroke	146	21.2	20.8	3.6	28.1	27.2	3.9	31.5	30.9	3.8
Hip Fracture	118	10.2	6.7	3.1	15.3	11.7	4.9	21.2	15.2	5.1
Sepsis	31	32.3	19.1		35.5	25.7		38.7	30.0	
PROCEDURES:										
Angioplasty	25	0.0	2.4		0.0	3.3		4.0	4.2	
Coronary Artery Bypass Graft	67	7.5	5.9	3.2	9.0	8.7	3.5	9.0	9.8	3.7
Initial Pacemaker Insertion	39	12.8	3.8		15.4	7.1		15.4	10.1	
Carotid Endarterectomy	18	0.0	1.1		0.0	2.0		0.0	2.9	
Hip Replacement/Reconstruction	76	6.6	3.5	4.2	7.9	6.3	4.3	10.5	8.4	6.2
Open Reduction of Hip Fracture	44	4.5	6.4		13.6	11.9		20.5	15.8	
Prostatectomy	182	0.5	0.8	0.9	2.2	2.0	1.4	3.8	3.5	2.5
Cholecystectomy	84	3.6	2.3	2.1	3.6	4.3	2.5	3.6	5.9	3.3
Hysterectomy	29	0.0	0.9		3.4	2.1		3.4	3.2	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



ST VINCENT HOSPITAL Medicare Provider Number: 220028

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		_	
Average age at admission	75.0 years	Cancer	8.6 %
Proportion female	52.4 %	Chronic cardiovascular disease	31.7 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.7 %
Referred by personal or HMO physician	35.1 %	Chronic renal disease	1.9 %
Transferred from skilled nursing facility	0.2 %	Chronic pulmonary disease	10.7 %
Admitted for elective procedure	24.7 %	Cerebrovascular degeneration	4.8 %
Admitted for emergency	73.3 %	Diabetes mellitus	5.5 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	93.8%	Hospital	11.1 Days
State	4.5%	State	10.1 Days
Outside State	1.7%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	990
PROFILE:	SPECIALTY SERVICES:
Total Beds 416	Burn Unit No
Occupancy Rate 72.0 %	Cardiac Intensive CareYes
Ownership.Control Private, Non-Profit	Comprehensive Geriatric Yes
Medicare Discharges 22.3 %	Hospice Care No
Case Mix Index (CMI) 1.3318	Medical/Surgical Intensive CareYes
STAFFING:	Organ/Tissue Transplant Yes
Total Number of Physicians (Not Available)	Other Intensive Care No
Percent of Physicians Board Certified Specialists(Not Available)	Trauma Center No OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns (Not Available)	Alcohol/Drug No
Registered Nurses (Not Available)	RehabilitationNo
Licensed Practical Nurses (Not Available)	Psychiatric Yes
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

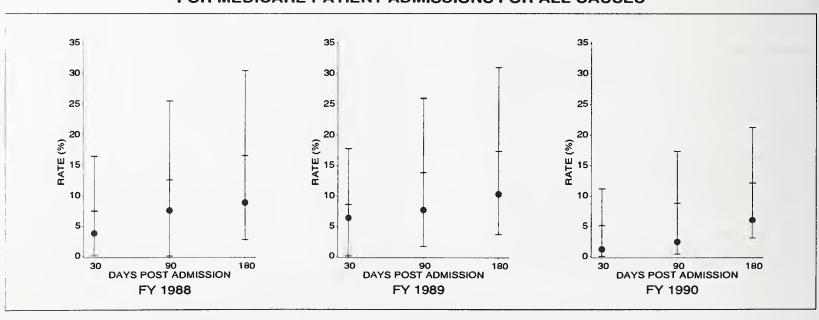
STILLMAN INFIRMARY-HARVARD UNIVERSITY 75 MT AUBURN ST CAMBRIDGE, MA 02138 Medicare Provider Number: 220133

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	ORTALIT	YRATE	S (%)			
	NUMBER OF CASES		30 DAYS		90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	84	1.2	5.1	3.0	2.4	8.8	4.2	6.0	12.1	4.6
CONDITIONS:										
Acute Myocardial Infarction	0									
Congestive Heart Failure	0									
Pneumonia/Influenza	4	0.0	10.2		0.0	14.5		0.0	18.2	
Chronic Obstructive Pulmonary Disease	0									
Transient Cerebral Ischemia	0									
Stroke	1	0.0	18.4		0.0	24.5		0.0	28.7	
Hip Fracture	0									
Sepsis	0									
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	0									
Hysterectomy	0									

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



STILLMAN INFIRMARY-HARVARD UNIVERSITY Medicare Provider Number: 220133

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	79.9 years	Cancer	6.0 %
Proportion female	59.5 %	Chronic cardiovascular disease	13.1 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.2 %
Referred by personal or HMO physician	22.6 %	Chronic renal disease	0.0 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	7.1 %
Admitted for elective procedure	2.4 %	Cerebrovascular degeneration	2.4 %
Admitted for emergency	1.2 %	Diabetes mellitus	7.1 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	75.9%	Hospital	5.3 Days
State	22.3%	State	10.1 Days
Outside State	1.8%	National	8.6 Days
Total	100.0%		

SOURCE: Health Care Financing Administration (OSCAR)**	- Survey Year 1990
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Ownership.Control Private, Non-Profit	Coronary Care Unit No
Case Mix Index (CMI) 0.7297	Hospice Care No
STAFFING:	Intensive Care Unit No
Medical Residents/Interns	Organ Transplant No
Registered Nurses	Trauma Center No
Licensed Practical Nurses 0	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/Drug No
	Rehabilitation No
	Psychiatric Yes
	Medicare Swing Beds No
** Except for CMI	

^{*} Not used in calculating mortality rates

STURDY MEMORIAL HOSPITAL

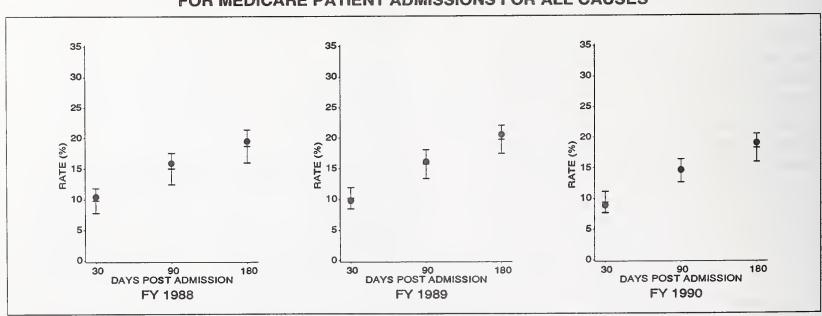
211 PARK STREET ATTLEBORO, MA 02703 Medicare Provider Number: 220008

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				ES (%)	6)						
		30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	1669	8.9	9.4	0.9	14.6	14.5	1.0	19.0	18.2	1.2	
CONDITIONS:											
Acute Myocardial Infarction	61	32.8	23.9	7.7	36.1	27.2	7.6	37.7	29.9	7.1	
Congestive Heart Failure	112	13.4	15.3	3.9	22.3	24.1	4.3	32.1	30.4	4.7	
Pneumonia/Influenza	80	8.7	16.6	6.6	17.5	22.8	5.8	22.5	26.8	5.6	
Chronic Obstructive Pulmonary Disease	44	2.3	9.1		11.4	15.5	•••••	18.2	20.2		
Transient Cerebral Ischemia	19	0.0	2.2		10.5	4.9		15.8	8.0		
Stroke	68	13.2	15.8	6.6	14.7	22.6	8.6	23.5	26.4	6.8	
Hip Fracture	53	3.8	6.8	4.3	9.4	12.1	5.0	15.1	15.5	5.5	
Sepsis	29	24.1	28.9		41.4	38.3		48.3	43.5	•	
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	16	12.5	3.7	****	12.5	7.4		12.5	10.8		
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	25	4.0	4.9		12.0	9.1		20.0	12.1		
Open Reduction of Hip Fracture	29	3.4	5.8	••••	6.9	10.6		6.9	13.7	••••	
Prostatectomy	43	0.0	1.0		2.3	2.5		11.6	4.3		
Cholecystectomy	25	0.0	2.3		4.0	4.0		4.0	5.4		
Hysterectomy	20	0.0	0.3		0.0	0.6		0.0	1.0		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (*2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



STURDY MEMORIAL HOSPITAL Medicare Provider Number: 220008

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.9 years	Cancer	8.0 %
Proportion female	58.4 %	Chronic cardiovascular disease	47.4 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.3 %
Referred by personal or HMO physician	33.9 %	Chronic renal disease	1.7 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	14.7 %
Admitted for elective procedure	11.4 %	Cerebrovascular degeneration	5.0 %
Admitted for emergency	11.2 %	Diabetes mellitus	12.5 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	87.1%	Hospital	10.2 Days
State	9.3%	State	10.1 Days
Outside State	3.6%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 76.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges	Hospice Care
Case Mix Index (CMI) 1.2061	Medical/Surgical Intensive CareYes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 92	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugNo
Registered Nurses 144	RehabilitationNo
Licensed Practical Nurses	Psychiatric No
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

THE CAMBRIDGE HOSPITAL

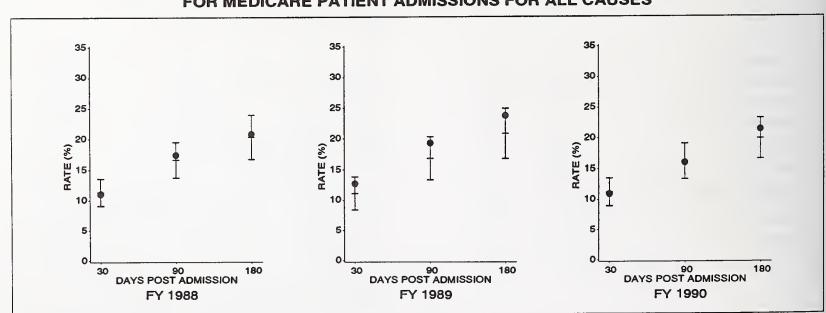
1493 CAMBRIDGE ST CAMBRIDGE, MA 02138 Medicare Provider Number: 220011

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
		30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	774	10.9	11.2	1.1	16.0	16.2	1.5	21.4	19.9	1.7	
CONDITIONS:											
Acute Myocardial Infarction	24	45.8	27.8	*****	45.8	29.8		50.0	31.9		
Congestive Heart Failure	55	9.1	14.5	6.2	18.2	22.7	8.2	25.5	29.2	7.7	
Pneumonia/Influenza	44	18.2	20.6		25.0	27.8		36.4	32.5		
Chronic Obstructive Pulmonary Disease	9	0.0	8.1		0.0	13.8		11.1	18.4		
Transient Cerebral Ischemia	3	0.0	0.8		0.0	2.0		0.0	3.5		
Stroke	25	4.0	21.4		12.0	28.5		16.0	32.6		
Hip Fracture	27	7.4	7.8		14.8	13.7		25.9	17.7		
Sepsis	7	14.3	19.1		14.3	24.2		28.6	28.1		
PROCEDURES:											
Angioplasty	1	0.0	3.4		0.0	5.4	*****	0.0	8.2		
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	10	0.0	2.8		0.0	6.1		0.0	9.4		
Carotid Endarterectomy	1	0.0	2.1	*****	0.0	4.1		0.0	5.4		
Hip Replacement/Reconstruction	11	0.0	3.7		0.0	7.2		9.1	10.0		
Open Reduction of Hip Fracture	20	10.0	7.7		20.0	14.3		30.0	18.9		
Prostatectomy	11	0.0	2.6		9.1	5.9		9.1	8.9		
Cholecystectomy	10	0.0	3.3		0.0	6.4		10.0	8.5		
Hysterectomy	4	0.0	0.1		0.0	0.3		0.0	0.5		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



THE CAMBRIDGE HOSPITAL Medicare Provider Number: 220011

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	74.7 years	Cancer	4.8 %
Proportion female	61.5 %	Chronic cardiovascular disease	29.6 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	2.3 %
Referred by personal or HMO physician	15.2 %	Chronic renal disease	2.3 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	14.1 %
Admitted for elective procedure	7.5 %	Cerebrovascular degeneration	13.4 %
Admitted for emergency	82.2 %	Diabetes mellitus	8.1 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	Hospital	
Outside State	National	•
Total 100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	990
PROFILE:	SPECIALTY SERVICES:
Total Beds 169	Burn Unit No
Occupancy Rate 71.0 %	Cardiac Intensive Care No
Ownership/Control Local Government	Comprehensive GeriatricYes
Medicare Discharges	Hospice Care No
Case Mix Index (CMI) 1.2577	Medical/Surgical Intensive CareYes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/DrugYes
Licensed Practical Nurses	Rehabilitation No
Listing Tractical Hurses	PsychiatricYes
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

THE CLINTON HOSPITAL

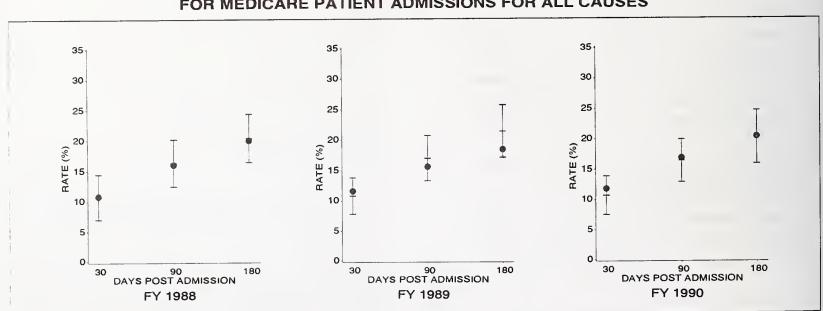
201 HIGHLAND ST CLINTON, MA 01510 Medicare Provider Number: 220058

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				МС	DRTALIT	YRATE	S (%)			
			0 DAY	S	9	0 DAYS		18	0 DAYS	;
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	485	11.8	10.7	1.6	16.9	16.4	1.8	20.4	20.3	2.2
CONDITIONS:										
Acute Myocardial Infarction	17	17.6	23.0		17.6	26.9		17.6	29.8	
Congestive Heart Failure	33	15.2	17.6		27.3	28.4		33.3	35.8	
Pneumonia/Influenza	40	20.0	19.7		25.0	27.8		27.5	32.3	
Chronic Obstructive Pulmonary Disease	3	0.0	4.7		0.0	8.4		33.3	12.2	
Transient Cerebral Ischemia	10	0.0	1.5		0.0	3.5		0.0	5.9	
Stroke	18	38.9	17.6		50.0	24.5		55.6	28.5	
Hip Fracture	11	9.1	7.2		9.1	14.1		18.2	19.1	
Sepsis	12	25.0	24.4		33.3	33.8		41.7	38.9	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	3	0.0	1.5		0.0	3.4		0.0	5.6	
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	7	14.3	4.3		14.3	8.7		14.3	12.0	
Prostatectomy	12	0.0	0.8		0.0	2.1		0.0	3.9	
Cholecystectomy	0									
Hysterectomy	6	0.0	0.1		0.0	0.4		0.0	0.7	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



THE CLINTON HOSPITAL

Medicare Provider Number: 220058

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	78 8 vears	Capper	0.70
		Cancer	8.7 %
Proportion female	64.7 %	Chronic cardiovascular disease	34.0 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.6 %
Referred by personal or HMO physician	33.4 %	Chronic renal disease	3.7 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	14.2 %
Admitted for elective procedure	7.6 %	Cerebrovascular degeneration	6.2 %
Admitted for emergency	52.2 %	Diabetes mellitus	14.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	95.5%	Hospital	7.4 Days
State	3.1%	State	10.1 Days
Outside State	1.4%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	90
PROFILE:	SPECIALTY SERVICES:
Total Beds 56	Burn Unit No
Occupancy Rate 74.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges(Not Available)	Hospice Care No
Case Mix Index (CMI) 1.0310	Medical/Surgical Intensive Care No
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 12	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugNo
	RehabilitationNo
Licensed Practical Nurses 12	PsychiatricYes
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

THE COOLEY DICKINSON HOSPITAL INC

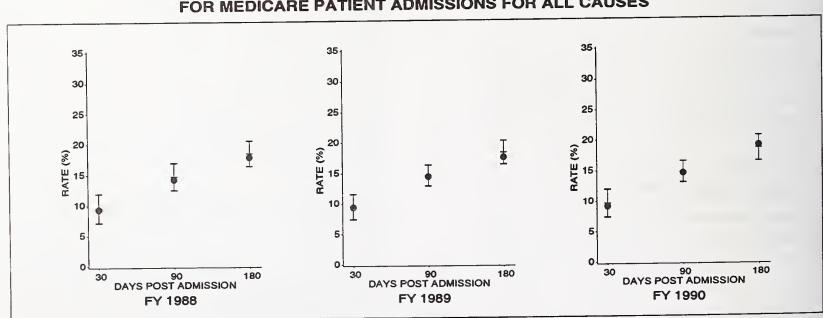
30 LOCUST ST NORTHAMPTON, MA 01060 Medicare Provider Number: 220015

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		3	O DAY	S	90	DAYS	3	180	DAYS	
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1711	9.2	9.7	1.1	14.6	14.8	0.9	19.1	18.6	1.1
CONDITIONS:										
Acute Myocardial Infarction	60	11.7	22.5	8.8	13.3	25.7	9.0	18.3	28.3	8.9
Congestive Heart Failure	84	10.7	16.3	7.0	22.6	25.4	6.9	29.8	32.4	6.0
Pneumonia/influenza	84	16.7	17.9	4.5	20.2	24.2	6.3	22.6	28.1	7.1
Chronic Obstructive Pulmonary Disease	16	6.3	6.6		18.8	12.5		31.3	17.1	
Transient Cerebral Ischemia	15	0.0	1.4		0.0	3.2		0.0	5.4	
Stroke	70	20.0	19.4	5.0	28.6	27.0	5.6	32.9	31.1	5.8
Hip Fracture	50	6.0	7.6		6.0	13.4		12.0	17.6	
Sepsis	19	10.5	24.0		10.5	30.2		15.8	34.8	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker insertion	17	0.0	4.3		5.9	8.1		11.8	11.5	
Carotid Endarterectomy	. 1	0.0	1.0		0.0	1.9		0.0	2.8	
Hip Replacement/Reconstruction	43	2.3	3.5		2.3	6.2		2.3	8.3	
Open Reduction of Hip Fracture	19	5.3	7.8		5.3	14.5		15.8	19.2	
Prostatectomy	. 35	2.9	1.6		8.6	3.9		11.4	6.6	
Choiecystectomy		7.3	4.2		14.6	7.7		14.6	10.1	
Hysterectomy		6.7	1.1		6.7	2.5		6.7	3.9	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



THE COOLEY DICKINSON HOSPITAL INC Medicare Provider Number: 220015

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	76.7 years	Cancer	9.3 %
Proportion female	61.2 %	Chronic cardiovascular disease	35.7 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.8 %
Referred by personal or HMO physician	35.7 %	Chronic renal disease	2.2 %
Transferred from skilled nursing facility	2.8 %	Chronic pulmonary disease	16.0 %
Admitted for elective procedure	15.4 %	Cerebrovascular degeneration	6.5 %
Admitted for emergency	60.9 %	Diabetes mellitus	9.4 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City86.0	% Hospital	8.5 Days
State 10.6	% State	10.1 Days
Outside State	% National	8.6 Days
Total 100.0	%	

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds 211	Burn Unit No
Occupancy Rate 57.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges	Hospice Care No
Case Mix Index (CMI) 1.2020	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 129	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses 215	Alcohol/DrugNo
Licensed Practical Nurses	Rehabilitation No
Licensed Faction Nuises	PsychiatricYes
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

THE HUNT HOSPITAL

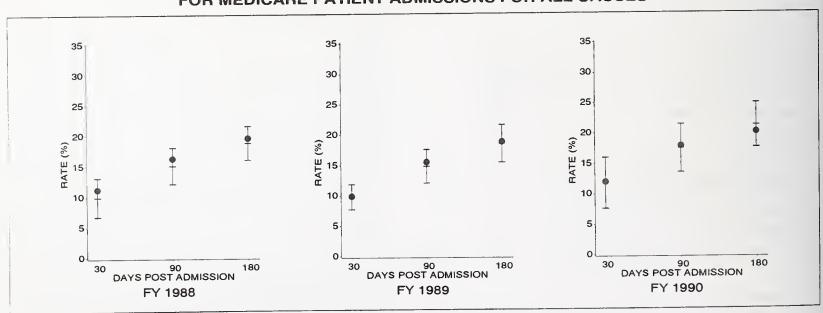
75 LINDALL ST DANVERS, MA 01923 Medicare Provider Number: 220040

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

	MORTALITY RATES (%)										
		30 DAYS		9	90 DAYS			180 DAYS			
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	743	12.0	11.8	2.1	17.9	17.5	2.0	20.2	21.3	1.8	
CONDITIONS:											
Acute Myocardial Infarction	33	27.3	28.7		39.4	31.5		42.4	34.0		
Congestive Heart Failure	38	23.7	17.0		39.5	26.3		42.1	32.1		
Pneumonia/Influenza	56	25.0	18.4	7.8	32.1	25.5	8.1	37.5	29.6	9.3	
Chronic Obstructive Pulmonary Disease	7	28.6	12.1		28.6	22.3		42.9	29.2		
Transient Cerebral Ischemia	23	0.0	2.3		4.3	5.2		8.7	8.1		
Stroke	33	24.2	22.9		33.3	30.8		33.3	34.5		
Hip Fracture	18	0.0	6.6		0.0	12.4		0.0	16.0		
Sepsis	10	30.0	18.3		40.0	27.7		40.0	32.2		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	6	0.0	3.1		0.0	5.9		0.0	8.0		
Carotid Endarterectomy	2	0.0	2.5		0.0	4.4		0.0	5.7		
Hip Replacement/Reconstruction	14	0.0	3.0		0.0	5.7		0.0	7.5		
Open Reduction of Hip Fracture	11	0.0	6.0		0.0	11.8		0.0	15.6		
Prostatectomy	27	0.0	1.4		3.7	3.4		7.4	5.7		
Cholecystectomy	4	0.0	2.0		0.0	3.9		0.0	5.4		
Hysterectomy	4	0.0	0.1		0.0	0.3		0.0	0.5		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



THE HUNT HOSPITAL Medicare Provider Number: 220040

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	76.1 years	Cancer	7.5 %
Proportion female	61.6 %	Chronic cardiovascular disease	38.8 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.7 %
Referred by personal or HMO physician	37.1 %	Chronic renal disease	3.1 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	22.9 %
Admitted for elective procedure	12.2 %	Cerebrovascular degeneration	8.9 %
Admitted for emergency	59.1 %	Diabetes mellitus	6.1 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	90.4%	Hospital	11.0 Days
State	6.6%	State	10.1 Days
Outside State	3.0%	National	8.6 Days
Total	100.0%		

SOURCE: Health Care Financing Administration (OSCAR)** -	Survey Year 1990
PROFILE:	SPECIALTY SERVICES:
Total Beds 117	Burn Unit No
Ownership/Control Local Government	Coronary Care Unit No
Case Mix Index (CMI) 1.2819	Hospice Care No
STAFFING:	Intensive Care Unit Yes
Medical Residents/Interns0	Organ Transplant No
Registered Nurses 122	Trauma Center No
Licensed Practical Nurses 15	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/Drug No
	RehabilitationNo
	Psychiatric Yes
	Medicare Swing Beds No
** Except for CMI	

^{*} Not used in calculating mortality rates

THE MALDEN HOSPITAL

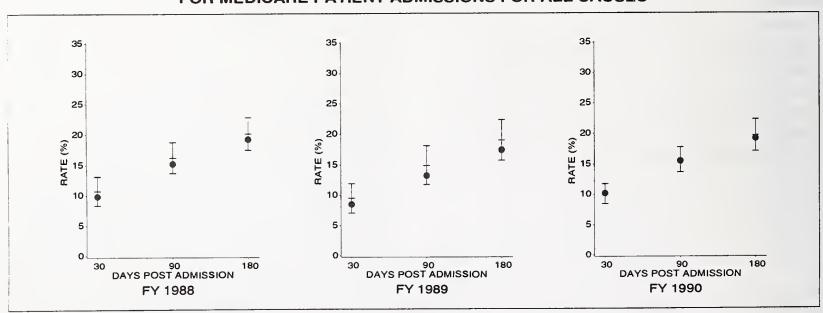
HOSPITAL RD MALDEN, MA 02148 Medicare Provider Number: 220092

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

	MORTALITY RATES (%)									
			0 DAY	S	9	0 DAYS		18	0 DAYS	
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1351	10.2	10.1	0.8	15.5	15.7	1.0	19.2	19.7	1.3
CONDITIONS:										
Acute Myocardial Infarction	53	32.1	27.4	8.2	37.7	30.7	8.2	39.6	33.5	8.7
Congestive Heart Failure	89	15.7	15.2	4.1	23.6	24.2	5.0	31.5	30.5	5.7
Pneumonia/Influenza	57	17.5	17.3	5.0	24.6	23.7	5.7	26.3	27.7	6.5
Chronic Obstructive Pulmonary Disease	10	20.0	9.4		20.0	16.4		20.0	21.3	
Transient Cerebral Ischemia	13	0.0	2.2		15.4	4.8	*****	15.4	7.4	
Stroke	42	16.7	16.9		35.7	23.1		38.1	26.8	
Hip Fracture	25	0.0	5.2		0.0	9.4		4.0	12.3	
Sepsis	15	13.3	15.5		26.7	22.2		33.3	26.1	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	7	0.0	4.8		0.0	8.9		0.0	12.3	
Carotid Endarterectomy	4	0.0	2.7		0.0	5.1		0.0	7.3	
Hip Replacement/Reconstruction	14	0.0	3.0		0.0	5.6		0.0	7.5	
Open Reduction of Hip Fracture	15	0.0	4.3		0.0	8.3		6.7	11.3	
Prostatectomy	35	0.0	1.2		0.0	2.9		0.0	5.0	
Cholecystectomy	26	3.8	2.3		3.8	4.2		3.8	5.6	
Hysterectomy	10	0.0	0.5		0.0	1.2		0.0	1.9	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



THE MALDEN HOSPITAL

Medicare Provider Number: 220092

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	76.0 years	Cancer	9.9 %
Proportion female		Chronic cardiovascular disease	
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.5 %
Referred by personal or HMO physician	32.6 %	Chronic renal disease	2.2 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	38.9 %
Admitted for elective procedure	13.8 %	Cerebrovascular degeneration	5.5 %
Admitted for emergency	72.1 %	Diabetes mellitus	8.8 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City 85.1%	Hospital	10.9 Days
State	State	10.1 Days
Outside State	National	8.6 Days
Total 100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 199	90
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
STAFFING: Total Number of Physicians	Organ/Tissue Transplant No Other Intensive Care No Trauma Center No OTHER SPECIALTY/HOSPITAL-BASED SERVICES: Alcohol/Drug No Rehabilitation No Psychiatric Yes
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

THE MEDICAL CTR CENTRAL MASS-HOLDEN

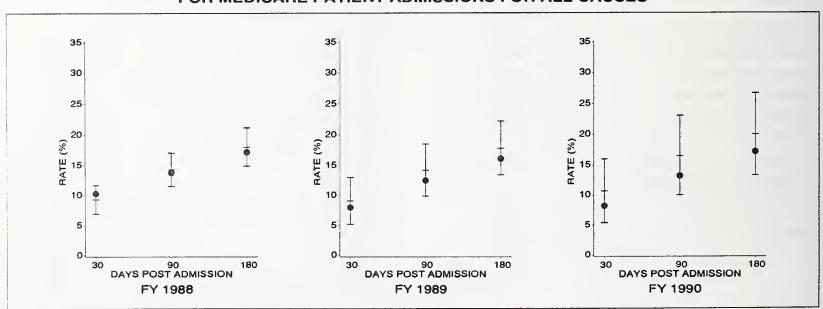
52 BOYDEN RD HOLDEN, MA 01520 Medicare Provider Number: 220034

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
			30 DAY	S	9	DAYS		18	0 DAYS	•	
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	319	8.2	10.7	2.7	13.2	16.5	3.3	17.2	20.0	3.3	
CONDITIONS:											
Acute Myocardial Infarction	12	25.0	31.3		25.0	34.3		25.0	36.5		
Congestive Heart Failure	27	3.7	19.5		18.5	30.9		40.7	36.8	*****	
Pneumonia/Influenza	19	31.6	22.7		42.1	31.7		42.1	36.2	*****	
Chronic Obstructive Pulmonary Disease	5	0.0	5.2		0.0	9.8		0.0	13.1		
Transient Cerebral Ischemia	3	0.0	2.1		0.0	4.6		0.0	7.4	*****	
Stroke	9	11.1	21.8		11.1	30.6		11.1	34.5		
Hip Fracture	7	14.3	8.1		28.6	14.2		42.9	18.0	*****	
Sepsis	1	0.0	16.2		0.0	20.5		0.0	23.2		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	4	0.0	2.1		0.0	3.8		0.0	5.4		
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	7	14.3	3.2		14.3	5.3		14.3	6.6		
Open Reduction of Hip Fracture	2	0.0	7.7		50.0	13.5		50.0	16.6		
Prostatectomy	8	0.0	0.4		0.0	0.9		0.0	1.5		
Cholecystectomy	4	0.0	3.2		0.0	6.6		0.0	9.6		
Hysterectomy	2	0.0	0.2		0.0	0.5		0.0	0.8	*****	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



THE MEDICAL CTR CENTRAL MASS-HOLDEN Medicare Provider Number: 220034

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

verage age at admission	76.8 years	Cancer	6.9 %
Proportion female	59.2 %	Chronic cardiovascular disease	40.4 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.9 %
Referred by personal or HMO physician	38.2 %	Chronic renal disease	2.2 %
Transferred from skilled nursing facility	0.9 %	Chronic pulmonary disease	20.7 %
Admitted for elective procedure	10.3 %	Cerebrovascular degeneration	2.2 %
Admitted for emergency	50.5 %	Diabetes mellitus	5.3 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	95.6%	Hospital	8.1 Days
State	2.3%	State	10.1 Days
Outside State	2.1% 	National	8.6 Days
Total	100.0%		

SOURCE: Health Care Financing Administration (OSCAR)	** - Survey Year 1988
PROFILE:	SPECIALTY SERVICES:
Total Beds 65	Burn Unit No
Ownership.Control Private, Non-Profit	Coronary Care Unit Yes
Case Mix Index (CMI) 1.1939	Hospice Care No
STAFFING:	Intensive Care UnitYes
Medical Residents/Interns4	Organ Transplant No
Registered Nurses	Trauma Center No
Licensed Practical Nurses21	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugNo
	Rehabilitation No
	PsychiatricYes
	Medicare Swing Beds No
** Except for CMI	

^{*} Not used in calculating mortality rates

THE MEDICAL CTR CENTRAL MASS-MEMORIAL

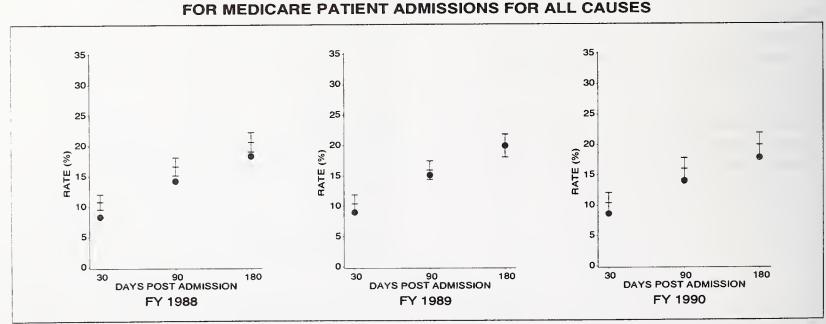
119 BELMONT ST WORCESTER, MA 01605 Medicare Provider Number: 220026

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)								
			30 DAY	s	9	0 DAYS	3	186	0 DAYS	;
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	овѕ	PRED	SD*
ALL CAUSES	2924	8.6	10.4	0.8	14.0	16.0	0.9	17.8	19.9	1.0
CONDITIONS:										
Acute Myocardial Infarction	87	25.3	28.1	7.0	33.3	32.7	7.9	37.9	36.2	7.0
Congestive Heart Failure	147	17.0	16.6	3.1	21.8	26.2	4.1	27.2	33.0	5.0
Pneumonia/Influenza	156	12.2	21.2	4.6	17.3	29.1	5.5	25.0	34.4	5.6
Chronic Obstructive Pulmonary Disease	34	8.8	8.5		11.8	15.0		14.7	20.4	
Transient Cerebral Ischemia	26	0.0	1.9		0.0	4.5		0.0	7.4	
Stroke	86	17.4	21.0	6.7	24.4	27.8	6.8	27.9	31.8	7.8
Hip Fracture	88	1.1	6.6	4.2	4.5	11.8	5.6	8.0	15.4	6.2
Sepsis	39	17.9	23.6		30.8	33.9		38.5	39.6	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	24	4.2	2.5		4.2	5.1		4.2	7.7	
Carotid Endarterectomy	12	0.0	1.1		0.0	2.0		0.0	2.8	
Hip Replacement/Reconstruction	62	1.6	3.3	2.7	4.8	6.3	4.2	4.8	8.6	5.8
Open Reduction of Hip Fracture	44	0.0	6.7		4.5	12.3		9.1	16.3	
Prostatectomy	89	0.0	1.2	1.7	3.4	2.7	1.9	7.9	4.6	3.5
Cholecystectomy	39	0.0	2.1		0.0	3.5		0.0	4.4	
Hysterectomy	31	0.0	0.5		3.2	1.1		3.2	1.7	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



THE MEDICAL CTR CENTRAL MASS-MEMORIAL

Medicare Provider Number: 220026

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.6 years	Cancer	9.7 %
Proportion female	58.1 %	Chronic cardiovascular disease	30.7 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.3 %
Referred by personal or HMO physician	34.0 %	Chronic renal disease	3.7 %
Transferred from skilled nursing facility	4.8 %	Chronic pulmonary disease	8.4 %
Admitted for elective procedure	28.4 %	Cerebrovascular degeneration	6.4 %
Admitted for emergency	64.6 %	Diabetes mellitus	8.3 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	92.4%	Hospital	9.1 Days
State	4.4%	State	10.1 Days
Outside State	3.2%	National	8.6 Days
Total	100.0%		

SOURCE: Health Care Financing Administration (OSCAR)**	Survey Year 1988
PROFILE:	SPECIALTY SERVICES:
Total Beds 344	Burn Unit No
Ownership.Control Private, Non-Profit	Coronary Care Unit Yes
Case Mix Index (CMI) 1.2256	Hospice CareYes
STAFFING:	Intensive Care UnitYes
Medical Residents/Interns	Organ Transplant No
Registered Nurses	Trauma Center No
Licensed Practical Nurses	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugNo
	RehabilitationYes
	Psychiatric Yes
	Medicare Swing Beds No
** Except for CMI	

^{*} Not used in calculating mortality rates

THE NASHOBA COMMUNITY HOSPITAL INC

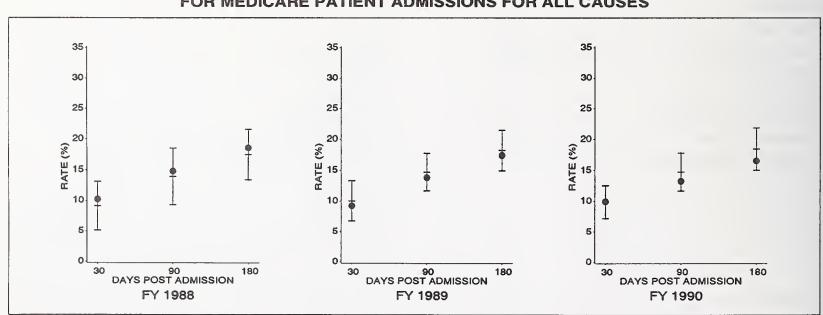
200 GROTON AVE AYER, MA 01432 Medicare Provider Number: 220098

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				S (%)	(%)						
		- ;	30 DAY	S	9	90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	790	9.9	9.8	1.4	13.2	14.7	1.5	16.5	18.4	1.7	
CONDITIONS:											
Acute Myocardial Infarction	47	29.8	26.1		31.9	29.8		34.0	32.9		
Congestive Heart Failure	38	10.5	14.6		15.8	22.8		23.7	28.6		
Pneumonia/Influenza	37	13.5	18.1		18.9	25.5		32.4	30.1		
Chronic Obstructive Pulmonary Disease	17	5.9	8.4		5.9	13.7		5.9	17.7		
Transient Cerebrai ischemia	14	7.1	2.9		7.1	6.3		7.1	9.8		
Stroke	20	25.0	21.5		25.0	29.9		30.0	34.6		
Hip Fracture	17	11.8	6.9		17.6	13.2		17.6	17.2		
Sepsis	10	30.0	21.1		30.0	29.2		30.0	33.8		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker insertion	27	0.0	2.8	*****	0.0	5.0		3.7	7.2		
Carotid Endarterectomy	2	0.0	0.9		0.0	1.6		0.0	2.3		
Hip Replacement/Reconstruction	11	9.1	3.8		18.2	7.0		18.2	9.0		
Open Reduction of Hip Fracture	7	0.0	8.3		0.0	16.9		0.0	22.5		
Prostatectomy	22	0.0	1.0	••••	0.0	2.2		0.0	3.9		
Cholecystectomy	13	7.7	1.3		7.7	2.4		7.7	3.3		
Hysterectomy	2	0.0	0.1		0.0	0.2		0.0	0.4		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (*2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



THE NASHOBA COMMUNITY HOSPITAL INC Medicare Provider Number: 220098

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	76.9 years	Cancer	7.8 %
Proportion female	61.5 %	Chronic cardiovascular disease	47.3 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.0 %
Referred by personal or HMO physician	31.1 %	Chronic renal disease	1.3 %
Transferred from skilled nursing facility		Chronic pulmonary disease	18.0 %
Admitted for elective procedure		Cerebrovascular degeneration	6.5 %
Admitted for emergency		Diabetes mellitus	6.5 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	V:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	77.2%	Hospital	7.3 Days
State	18.8%	State	10.1 Days
Outside State	4.0%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 199	90
PROFILE:	SPECIALTY SERVICES:
Total Beds 58	Burn Unit No
Occupancy Rate 74.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges 47.0 %	Hospice Care No
Case Mix Index (CMI) 1.1431	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Wiedical Nesidents/Interns	Alcohol/Drug No
Registered Nurses	Rehabilitation No
Licensed Practical Nurses0	Psychiatric No
	Medicare Swing Beds No
** Except for CMI	

^{*} Not used in calculating mortality rates

THE PROVIDENCE HOSPITAL INC

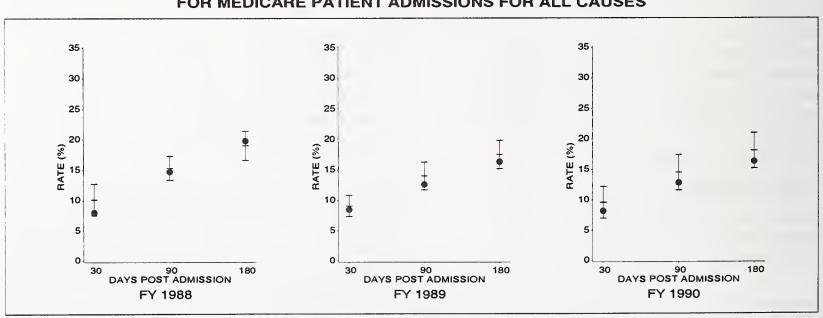
1233 MAIN ST HOLYOKE, MA 01040 Medicare Provider Number: 220023

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	ORTALIT	YRATE	ES (%)			
		30 DAYS			90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1239	8.2	9.6	1.3	12.8	14.5	1.5	16.3	18.1	1.5
CONDITIONS:										
Acute Myocardial Infarction	30	16.7	29.8		20.0	32.9		20.0	3 5.7	
Congestive Heart Failure	88	18.2	16.3	4.9	23.9	25.3	5.1	28.4	31.8	6.1
Pneumonia/Influenza	101	7.9	17.7	5.3	13.9	24.2	5.8	20.8	28.1	5.4
Chronic Obstructive Pulmonary Disease	16	6.3	6.9		18.8	12.3		18.8	16.6	
Transient Cerebral Ischemia	15	0.0	1.9		6.7	4.1		6.7	6.8	
Stroke	49	16.3	20.7		20.4	28.0		24.5	32.3	
Hip Fracture	41	9.8	9.1		12.2	16.0		14.6	20.2	
Sepsis	7	28.6	17.1		42.9	22.2		42.9	24.9	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	4	0.0	4.0		0.0	8.7		0.0	12.7	
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	25	0.0	3.1		0.0	6.0		0.0	8.0	
Open Reduction of Hip Fracture	19	10.5	9.5		15.8	17.3		21.1	22.1	
Prostatectomy	25	0.0	1.1		0.0	2.6		4.0	4.2	
Cholecystectomy	22	9.1	4.3		13.6	9.2		13.6	13.4	
Hysterectomy	12	0.0	0.1		0.0	0.4		0.0	0.7	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



THE PROVIDENCE HOSPITAL INC

Medicare Provider Number: 220023

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	76.3 years	Cancer	6.9 %
Proportion female	63.9 %	Chronic cardiovascular disease	49.2 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.4 %
Referred by personal or HMO physician	35.6 %	Chronic renal disease	2.3 %
Transferred from skilled nursing facility		Chronic pulmonary disease	18.5 %
Admitted for elective procedure		Cerebrovascular degeneration	4.2 %
Admitted for emergency		Diabetes mellitus	6.9 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	81.4%	Hospital	10.8 Days
State	16.2%	State	10.1 Days
Outside State	2.4%	National	8.6 Days
Total	100.0%		

PROFILE:	SPECIALTY SERVICES:
Total Beds 172	Burn Unit No
Occupancy Rate 68.0 %	Cardiac Intensive CareYes
Ownership/Control Church	Comprehensive Geriatric No
Medicare Discharges	Hospice Care No
Case Mix Index (CMI) 1.2129	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns0	Alcohol/Drug No
Registered Nurses 151	Rehabilitation No
Licensed Practical Nurses	Psychiatric No
	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

THE REHAB HOSPITAL WEST

14 CHESTNUT PLACE
LUDLOW, MA 01056
Medicare Provider Number: 220175

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
	NUMBER OF CASES		30 DAYS			90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	21	0.0	11.6		0.0	17.7		9.5	22.3		
CONDITIONS:											
Acute Myocardial Infarction	0										
Congestive Heart Failure	0										
Pneumonia/Influenza	1	0.0	17.9		0.0	24.8		0.0	32.1		
Chronic Obstructive Pulmonary Disease	0										
Transient Cerebral Ischemia	0										
Stroke	10	0.0	18.6		0.0	27.5		10.0	33.4		
Hip Fracture	1	0.0	10.0		0.0	16.1		0.0	21.5		
Sepsis	0										
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	0										
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	0										
Open Reduction of Hip Fracture	0										
Prostatectomy	0										
Cholecystectomy	0										
Hysterectomy	0										

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES

No Graphs are presented when the standard deviation was not computed for one or more of the three fiscal years, (1988, 1989, or 1990)

THE REHAB HOSPITAL WEST Medicare Provider Number: 220175

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.8 years	Cancer	4.8 %
Proportion female	61.9 %	Chronic cardiovascular disease	38.1 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.0 %
Referred by personal or HMO physician	0.0 %	Chronic renal disease	4.8 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	9.5 %
Admitted for elective procedure	81.0 %	Cerebrovascular degeneration	0.0 %
Admitted for emergency	0.0 %	Diabetes mellitus	0.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	V:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	65.9%	Hospital	33.2 Days
State	29.8%	State	10.1 Days
Outside State	4.3%	National	8.6 Days
Total	100.0%		

SOURCE: Health Care Financing Administration (OSCAR)**	- Survey Year 1990
PROFILE:	SPECIALTY SERVICES:
Total Beds 544	Burn Unit No
Ownership/Control Private, For Profit	Coronary Care Unit Yes
Case Mix Index (CMI) 0.9517	Hospice Care No
STAFFING:	Intensive Care Unit
Medical Residents/Interns 48	Organ Transplant No
Registered Nurses 685	Trauma Center No
Licensed Practical Nurses	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugNo
	RehabilitationYes
	Psychiatric Yes
	Medicare Swing Beds No
** Except for CMI	

^{*} Not used in calculating mortality rates

THE SYMMES HOSPITAL

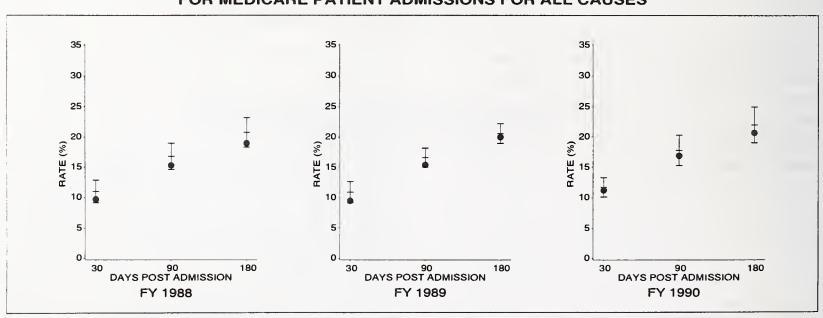
HOSPITAL ROAD ARLINGTON, MA 02174 Medicare Provider Number: 220053

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	ORTALIT	YRATE	S (%)				
	NUMBER OF CASES	30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	2146	11.2	11.7	0.8	16.9	17.8	1.3	20.7	22.0	1.5	
CONDITIONS:											
Acute Myocardial Infarction	96	28.1	29.6	5.2	34.4	34.0	7.2	36.5	37.3	7.3	
Congestive Heart Failure	102	9.8	16.5	5.7	21.6	25.9	9.2	23.5	32.5	7.6	
Pneumonia/Influenza	122	20.5	19.1	3.9	24.6	26.7	5.2	33.6	31.3	4.5	
Chronic Obstructive Pulmonary Disease	4	50.0	14.5		50.0	23.3		75.0	29.2		
Transient Cerebral Ischemia	26	3.8	2.1		7.7	4.7		15.4	7.9		
Stroke	91	20.9	20.4	4.4	26.4	28.7	5.2	26.4	33.4	7.7	
Hip Fracture	79	7.6	7.7	3.3	16.5	13.7	5.0	20.3	17.7	5.2	
Sepsis	31	12.9	23.5		29.0	33.1		32.3	38.7		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	7	0.0	3.2		0.0	6.0		0.0	8.6		
Carotid Endarterectomy	5	20.0	2.8		20.0	5.0		20.0	6.7		
Hip Replacement/Reconstruction	34	2.9	4.3		8.8	8.0		14.7	10.7		
Open Reduction of Hip Fracture	47	8.5	7.1		17.0	12.8		19.1	16.7		
Prostatectomy	61	3.3	1.3	2.2	6.6	3.1	3.6	9.8	5.1	4.9	
Cholecystectomy	31	6.5	3.3		9.7	6.6		9.7	9.0		
Hysterectomy	10	0.0	0.1		0.0	0.3		0.0	0.5		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (* 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



THE SYMMES HOSPITAL

Medicare Provider Number: 220053

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	79.3 years	Cancer	8.1 %
Proportion female	65.3 %	Chronic cardiovascular disease	37.8 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.1 %
Referred by personal or HMO physician	24.5 %	Chronic renal disease	2.5 %
Transferred from skilled nursing facility	0.1 %	Chronic pulmonary disease	13.3 %
Admitted for elective procedure	12.7 %	Cerebrovascular degeneration	12.3 %
Admitted for emergency	83.5 %	Diabetes mellitus	6.9 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	88.3%	Hospital	8.7 Days
State	9.5%	State	10.1 Days
Outside State	2.2%	National	8.6 Days
Total	100.0%		

PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 81.0	% Cardiac Intensive Care No
Ownership.Control Private, Non-Prof	Comprehensive Geriatric No
Medicare Discharges 65.5	% Hospice Care Yes
Case Mix Index (CMI) 1.224	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians9	Other Intensive Care No
Percent of Physicians Board	Trauma Center No
Certified Specialists	OTHER SPECIALTY/HOSPITAL-BASED SERVICES.
Wedical Ficside Hoyartonia)
Registered Nurses	RehabilitationNo
Licensed Practical Nurses	Psychiatric No
	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

TOBEY HOSPITAL INC

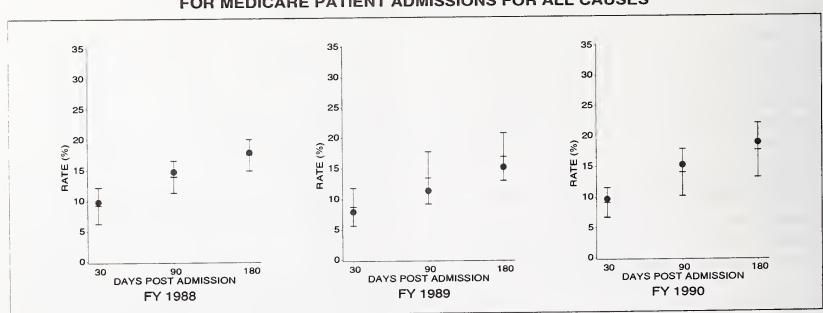
43 HIGH ST WAREHAM, MA 02571 Medicare Provider Number: 220074

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
		3	30 DAYS			90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	945	9.7	9.1	1.2	15.2	14.0	1.9	18.9	17.6	2.2	
CONDITIONS:											
Acute Myocardial Infarction	37	29.7	30.6		29.7	33.2		37.8	35.7		
Congestive Heart Failure	56	12.5	14.6	5.1	21.4	23.4	7.2	26.8	30.0	7.3	
Pneumonia/Influenza	44	20.5	14.4		29.5	20.1		31.8	23.5		
Chronic Obstructive Pulmonary Disease	16	25.0	12.1		25.0	20.5		31.3	26.5		
Transient Cerebral Ischemia	18	0.0	1.5		0.0	3.5		5.6	5.9		
Stroke	47	17.0	16.7		27.7	23.1		36.2	26.7		
Hip Fracture	31	12.9	6.2		16.1	11.0		22.6	14.4		
Sepsis	5	40.0	24.5		40.0	32.4		40.0	37.0		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	0										
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	21	9.5	4.3		9.5	7.7		9.5	10.2		
Open Reduction of Hip Fracture	11	0.0	5.1		0.0	9.5		18.2	12.9		
Prostatectomy	38	0.0	0.8		0.0	1.8		5.3	3.1		
Cholecystectomy	12	8.3	2.6		8.3	4.8		8.3	6.7		
Hysterectomy	. 4	0.0	0.1		0.0	0.3		0.0	0.6		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



TOBEY HOSPITAL INC Medicare Provider Number: 220074

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	76.4 years	Cancer	6.8 %
Proportion female		Chronic cardiovascular disease	35.1 %
OMISSION SOURCES/TYPES:		Chronic liver disease	1.2 %
Referred by personal or HMO physician	26.8 %	Chronic renal disease	1.7 %
Transferred from skilled nursing facility		Chronic pulmonary disease	13.0 %
Admitted for elective procedure		Cerebrovascular degeneration	4.7 %
Admitted for emergency		Diabetes mellitus	10.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	68.8%	Hospital	9.4 Days
State		State	10.1 Days
Outside State		National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds 89	Burn Unit No
Occupancy Rate 65.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges 45.4 %	Hospice Care No
Case Mix Index (CMI) 1.0877	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
	Trauma Center No
Percent of Physicians Board Certified Specialists 58.5 %	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns0	Alcohol/DrugNo
Registered Nurses63	Rehabilitation No
Licensed Practical Nurses	Psychiatric No
	Medicare Swing Beds No
** Except for CMI	_

^{*} Not used in calculating mortality rates

UNIVERSITY HOSPITAL

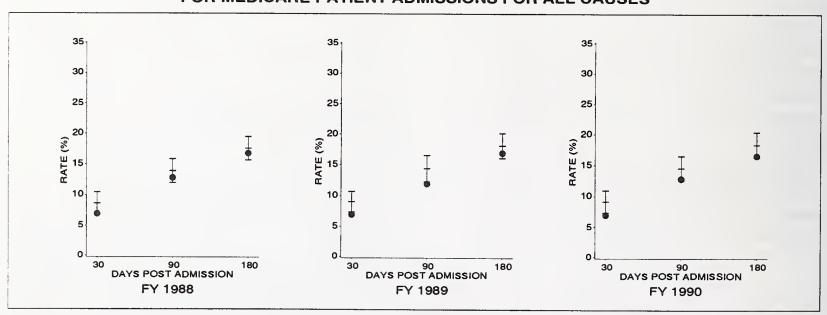
75 E NEWTON ST BOSTON, MA 02118 Medicare Provider Number: 220031

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)										
	NUMBER OF CASES	30 DAYS			9	90 DAYS			180 DAYS			
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*		
ALL CAUSES	2144	6.9	9.1	0.9	12.8	14.5	1.0	16.5	18.3	1.0		
CONDITIONS:												
Acute Myocardial Infarction	55	12.7	23.3	8.3	16.4	26.9	9.1	16.4	29.8	10.0		
Congestive Heart Failure	79	7.6	15.3	5.9	13.9	24.7	6.5	22.8	31.2	6.1		
Pneumonia/Influenza	38	5.3	14.4		15.8	20.5		31.6	24.3			
Chronic Obstructive Pulmonary Disease	16	12.5	10.1		25.0	18.2		31.3	23.7			
Transient Cerebral Ischemia	15	6.7	1.3		6.7	2.8		6.7	4.2			
Stroke	36	16.7	22.2		25.0	29.3		25.0	33.2			
Hip Fracture	24	12.5	9.0		20.8	16.0		25.0	20.1			
Sepsis	12	33.3	34.4		41.7	45.6		50.0	51.0			
PROCEDURES:												
Angioplasty	71	1.4	3.3	3.0	2.8	4.6	4.2	2.8	5.8	4.9		
Coronary Artery Bypass Graft	143	7.7	7.5	2.8	9.8	11.6	3.7	10.5	13.6	4.0		
Initial Pacemaker Insertion	6	0.0	2.8		16.7	5.6		16.7	7.8			
Carotid Endarterectomy	5	0.0	1.2		0.0	2.3		0.0	3.4			
Hip Replacement/Reconstruction	17	17.6	5.9		17.6	11.4		29.4	15.4			
Open Reduction of Hip Fracture	11	0.0	8.5		18.2	14.9		27.3	18.6			
Prostatectomy	34	2.9	0.9		5.9	1.8		5.9	2.9			
Cholecystectomy	17	11.8	7.3		11.8	12.1		11.8	14.7			
Hysterectomy	9	0.0	0.7		0.0	1.5		0.0	2.3			

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (* 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



UNIVERSITY HOSPITAL

Medicare Provider Number: 220031

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	70.5 years	Cancer	9.0 %
Proportion female	51.1 %	Chronic cardiovascular disease	39.0 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.8 %
Referred by personal or HMO physician	20.0 %	Chronic renal disease	6.5 %
Transferred from skilled nursing facility	0.1 %	Chronic pulmonary disease	10.6 %
Admitted for elective procedure	30.3 %	Cerebrovascular degeneration	4.7 %
Admitted for emergency	59.2 %	Diabetes mellitus	8.4 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

۱:	MEDICARE AVERAGE LENGTH OF STAY:	
43.5%	Hospital	10.6 Days
49.1%	State	10.1 Days
7.4%	National	8.6 Days
100.0%		
	43.5% 49.1% 7.4%	43.5% Hospital

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 199	90
PROFILE: Total Beds	SPECIALTY SERVICES: Burn Unit
Medicare Discharges	Hospice Care
Total Number of Physicians	Other Intensive Care
Registered Nurses	Alcohol/Drug
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

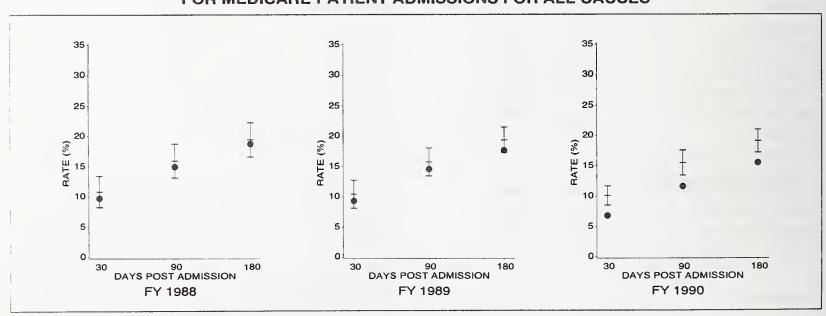
UNIVERSITY OF MASS MEDICAL CENTER 55 LAKE AVE N WORCESTER, MA 01605 Medicare Provider Number: 220163

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
	NUMBER OF CASES		30 DAYS			90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	1938	6.8	10.1	0.8	11.6	15.5	1.0	15.5	19.1	1.0	
CONDITIONS:											
Acute Myocardial Infarction	58	19.0	24.4	6.9	24.1	27.3	6.3	24.1	29.9	7.0	
Congestive Heart Failure	66	7.6	16.1	6.9	13.6	25.1	8.4	21.2	31.6	8.6	
Pneumonia/Influenza	45	11.1	16.6		17.8	23.0		20.0	27.1		
Chronic Obstructive Pulmonary Disease	11	0.0	9.5		0.0	16.0		0.0	20.5		
Transient Cerebral Ischemia	18	5.6	1.9		5.6	4.1		5.6	6.5		
Stroke	50	8.0	22.0		16.0	28.2		20.0	31.7		
Hip Fracture	26	0.0	5.8		7.7	10.3		11.5	13.3		
Sepsis	16	18.8	21.1		31.3	27.4		37.5	31.0		
PROCEDURES:											
Angioplasty	37	5.4	3.0		5.4	4.2		5.4	5.4		
Coronary Artery Bypass Graft	119	10.9	7.0	4.5	12.6	10.6	3.7	14.3	12.2	3.6	
Initial Pacemaker Insertion	15	0.0	3.3		0.0	6.1		13.3	8.5		
Carotid Endarterectomy	19	0.0	1.6		0.0	2.9		0.0	4.2		
Hip Replacement/Reconstruction	35	0.0	2.6		5.7	4.9		5.7	6.7		
Open Reduction of Hip Fracture	11	0.0	4.7		0.0	8.6		9.1	11.3		
Prostatectomy	33	3.0	0.8		3.0	1.9		6.1	3.3		
Cholecystectomy	23	0.0	4.3		4.3	8.3		13.0	11.4		
Hysterectomy	40	0.0	2.4		2.5	5.2		7.5	7.6		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



UNIVERSITY OF MASS MEDICAL CENTER

Medicare Provider Number: 220163

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	70.8 years	Cancer	10.1 %
Proportion female	50.9 %	Chronic cardiovascular disease	41.7 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.3 %
Referred by personal or HMO physician	12.4 %	Chronic renal disease	4.5 %
Transferred from skilled nursing facility	4.1 %	Chronic pulmonary disease	13.1 %
Admitted for elective procedure	24.5 %	Cerebrovascular degeneration	5.8 %
Admitted for emergency	58.3 %	Diabetes mellitus	8.9 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	71.9%	Hospital	11.3 Days
State	17.3%	State	10.1 Days
Outside State	10.8%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of	Hospitals** - Survey Year 1	990
PROFILE:		SPECIALTY SERVICES:
Total Beds	371	Burn Unit No
Occupancy Rate	83.0 %	Cardiac Intensive Care No
Ownership/Control	State Government	Comprehensive Geriatric Yes
Medicare Discharges	26.5 %	Hospice Care No
Case Mix Index (CMI)	1.9398	Medical/Surgical Intensive Care Yes
STAFFING:		Organ/Tissue Transplant Yes
Total Number of Physicians	647	Other Intensive Care No
Percent of Physicians Board Certified Specialists	00.7.0/	Trauma Center Yes
		OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns		Alcohol/DrugNo
Registered Nurses		RehabilitationNo
Licensed Practical Nurses	50	Psychiatric Yes
** Except for CMI		Medicare Swing Beds No

^{*} Not used in calculating mortality rates

US ARMY HOSPITAL

FORT DEVANS, MA 01433 Medicare Provider Number: 22008F

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
	NUMBER OF CASES	30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	2	0.0	27.6		0.0	35.4		0.0	38.8		
CONDITIONS:											
Acute Myocardial Infarction	0										
Congestive Heart Failure	0										
Pneumonia/Influenza	0										
Chronic Obstructive Pulmonary Disease	0										
Transient Cerebral Ischemia	0										
Stroke	0										
Hip Fracture	0										
Sepsis	0										
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	0										
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	0										
Open Reduction of Hip Fracture	0										
Prostatectomy	0										
Cholecystectomy	0										
Hysterectomy	0										

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES

No Graphs are presented when the standard deviation was not computed for one or more of the three fiscal years, (1988, 1989, or 1990)

US ARMY HOSPITAL Medicare Provider Number: 22008F

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
verage age at admission	70.0 years	Cancer	0.0 %
Proportion female	50.0 %	Chronic cardiovascular disease	0.0 %
OMISSION SOURCES/TYPES:		Chronic liver disease	0.0 %
Referred by personal or HMO physician	0.0 %	Chronic renal disease	0.0 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	0.0 %
Admitted for elective procedure	0.0 %	Cerebrovascular degeneration	0.0 %
Admitted for emergency	0.0 %	Diabetes mellitus	0.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	l:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	0.0%	Hospital	2.0 Days
State	0.0%	State	10.1 Days
Outside State	100.0%	National	8.6 Days
Total	100.0%		

SOURCE: Health Care Financing Administration (OSC	CAR)** - Survey Year Unknown
PROFILE:	SPECIALTY SERVICES:
Total Beds) Burn Unit Yes
Ownership/Control (Not Available)) Coronary Care Unit Yes
Case Mix Index (CMI) 0.0000) Hospice Care Yes
STAFFING:	Intensive Care Unit Yes
Medical Residents/Interns0	Organ Transplant Yes
Registered Nurses 0) Trauma Center Yes
Licensed Practical Nurses0	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugYes
	RehabilitationYes
	PsychiatricYes
	Medicare Swing Beds N/A
** Except for CMI	

^{*} Not used in calculating mortality rates

WALTHAM HOSPITAL

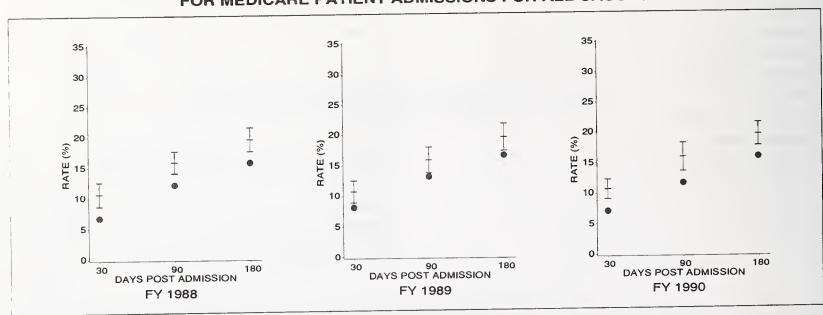
HOPE AVE WALTHAM, MA 02154 Medicare Provider Number: 220076

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				МС	ORTALITY	RATE	S (%)				
		30 DAYS			90	90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	1866	7.1	10.7	8.0	11.6	15.9	1.2	15.9	19.6	1.0	
CONDITIONS:											
Acute Myocardial Infarction	54	31.5	32.9	7.4	33.3	36.1	7.5	33.3	38.9	8.3	
Congestive Heart Failure	125	8.0	15.6	4.4	13.6	24.3	5.6	22.4	30.7	5.6	
Pneumonia/Influenza	145	12.4	19.0	4.4	16.6	26.1	5.3	24.1	30.6	6.2	
Chronic Obstructive Pulmonary Disease	32	6.3	8.9		9.4	15.1		12.5	20.0		
Transient Cerebral Ischemia	24	0.0	1.3		4.2	2.9		4.2	4.8		
Stroke	59	13.6	22.5	7.4	18.6	30.4	7.9	27.1	34.4	6.9	
Hip Fracture	56	1.8	8.3	6.6	1.8	14.5	11.0	3.6	18.4	11.1	
Sepsis	9	22.2	25.1		33.3	33.7		33.3	38.9		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	22	4.5	4.2		4.5	7.8		4.5	10.9		
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	29	3.4	6.1		3.4	11.0		3.4	14.3		
Open Reduction of Hip Fracture	33	0.0	7.5		0.0	13.5		3.0	17.5		
Prostatectomy		0.0	0.9	1.4	0.0	2.1	2.5	1.5	3.6	2.9	
Cholecystectomy		0.0	1.7		0.0	3.1		0.0	4.1		
Hysterectomy		5.9	0.6		5.9	1.5		5.9	2.7		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



WALTHAM HOSPITAL Medicare Provider Number: 220076

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	76.1 years	Cancer	7.6 %
Proportion female	58.9 %	Chronic cardiovascular disease	37.6 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.8 %
Referred by personal or HMO physician	22.1 %	Chronic renal disease	2.5 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	10.2 %
Admitted for elective procedure	13.2 %	Cerebrovascular degeneration	4.8 %
Admitted for emergency	62.7 %	Diabetes mellitus	6.9 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	92.2%	Hospital	10.2 Days
State	5.9%	State	10.1 Days
Outside State	1.9%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds 275	Burn Unit No
Occupancy Rate 58.0 %	Cardiac Intensive Care Yes
Ownership.Control Private, Non-Profit	Comprehensive Geriatric Yes
Medicare Discharges(Not Available)	Hospice CareYes
Case Mix Index (CMI) 1.1931	Medical/Surgical Intensive CareYes
STAFFING:	Organ/Tissue Transplant Yes
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists 92.5 %	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugYes
Registered Nurses 164	RehabilitationNo
Licensed Practical Nurses	Psychiatric Yes
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

WHIDDEN MEMORIAL HOSPITAL

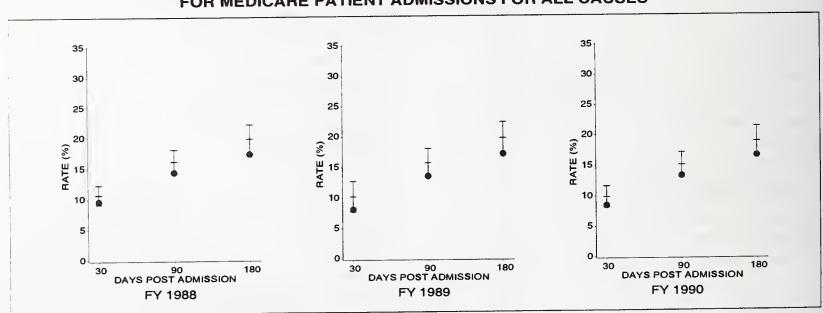
103 GARLAND STREET EVERETT, MA 02149 Medicare Provider Number: 220042

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
	NUMBER OF CASES	30 DAYS			90 DAYS			180 DAYS			
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	1779	8.5	9.9	0.9	13.3	15.1	1.0	16.6	18.9	1.2	
CONDITIONS:											
Acute Myocardial Infarction	83	30.1	25.4	5.9	36.1	29.4	7.4	42.2	32.7	8.6	
Congestive Heart Failure	109	10.1	16.7	6.5	23.9	26.8	6.2	30.3	33.6	5.5	
Pneumonia/Influenza	91	11.0	17.3	6.9	17.6	24.2	8.0	24.2	28.9	8.9	
Chronic Obstructive Pulmonary Disease	50	0.0	5.7		6.0	10.7		8.0	14.6		
Transient Cerebral Ischemia	32	3.1	1.8		3.1	4.0		3.1	6.4		
Stroke	49	16.3	21.1		26.5	28.1		34.7	31.8		
Hip Fracture	43	11.6	8.0		14.0	13.7		18.6	17.5		
Sepsis	30	13.3	25.9		30.0	33.4		33.3	37.6		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	10	10.0	3.9		10.0	8.0		10.0	11.9		
Carotid Endarterectomy	2	0.0	2.1		0.0	4.1		0.0	6.3		
Hip Replacement/Reconstruction	18	11.1	7.3		16.7	12.6		22.2	16.3		
Open Reduction of Hip Fracture	25	12.0	6.6		12.0	11.6		16.0	15.1		
Prostatectomy	23	4.3	1.2		8.7	2.8		13.0	4.9		
Cholecystectomy	25	0.0	3.3		4.0	6.4	+	4.0	8.7		
Hysterectomy	. 3	0.0	3.3		0.0	7.8		0.0	11.9		

^{*} The Standard Deviation (SD) Is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



WHIDDEN MEMORIAL HOSPITAL

Medicare Provider Number: 220042

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	76.5 years	Cancer	6.4 %
Proportion female	63.0 %	Chronic cardiovascular disease	36.3 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.5 %
Referred by personal or HMO physician	24.6 %	Chronic renal disease	2.8 %
Transferred from skilled nursing facility	0.6 %	Chronic pulmonary disease	36.0 %
Admitted for elective procedure	9.1 %	Cerebrovascular degeneration	5.1 %
Admitted for emergency	71.2 %	Diabetes mellitus	9.6 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	49.3%	Hospital	11.6 Days
State	49.8%	State	10.1 Days
Outside State	0.9%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1996	0
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 76.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges 49.7 %	Hospice Care Yes
Case Mix Index (CMI) 1.1385	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/DrugNo
Licensed Practical Nurses 24	Rehabilitation No
LICOTISED I TACILICAI INCISES	Psychiatric No
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

WINCHESTER HOSPITAL

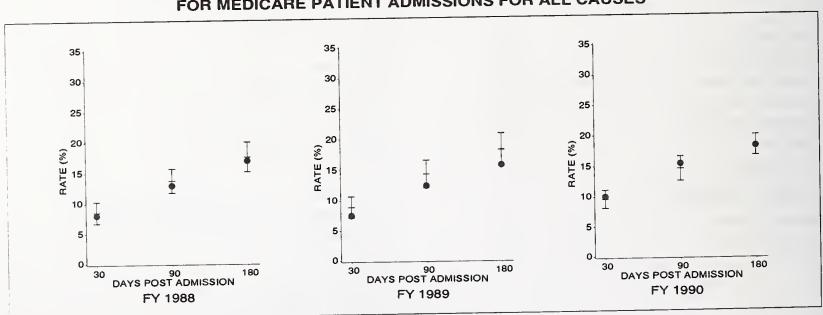
41 HIGHLAND AVE WINCHESTER, MA 01890 Medicare Provider Number: 220105

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				МС	RTALITY	RATE	S (%)			
	NUMBER OF CASES	30 DAYS			90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2147	10.0	9.6	0.8	15.4	14.6	1.0	18.3	18.4	0.8
CONDITIONS:										
Acute Myocardial Infarction	107	24.3	28.1	7.9	29.0	31.8	7.6	32.7	34.8	7.7
Congestive Heart Failure	86	14.0	16.2	4.7	22.1	25.6	5.9	30.2	32.1	5.8
Pneumonia/Influenza	118	16.9	14.8	5.6	22.0	20.7	5.5	22.9	24.8	8.1
Chronic Obstructive Pulmonary Disease		2.6	6.3		5.3	11.7		10.5	16.1	
Transient Cerebral Ischemia	38	0.0	2.1		2.6	4.7		2.6	7.5	
Stroke	76	25.0	21.6	5.7	30.3	27.8	6.6	31.6	31.7	7.1
Hip Fracture		13.6	7.5	6.1	16.9	13.3	5.9	16.9	17.4	6.4
Sepsis		21.1	27.5		26.3	37.3		26.3	42.7	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	9	11.1	2.0		11.1	4.3		11.1	6.7	
Carotid Endarterectomy	. 10	10.0	1.2		10.0	2.2		10.0	3.3	
Hip Replacement/Reconstruction		5.7	5.0		5.7	9.0		5.7	11.8	
Open Reduction of Hip Fracture		8.7	6.1		17.4	11.3		17.4	15.1	
Prostatectomy		0.0	1.0		0.0	2.4		2.6	4.2	
Cholecystectomy		3.7	2.2		3.7	4.3		3.7	6.0	
Hysterectomy		0.0	0.7		0.0	1.8		0.0	3.1	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



WINCHESTER HOSPITAL Medicare Provider Number: 220105

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	77.1 years	Cancer	8.5 %
Proportion female	63.5 %	Chronic cardiovascular disease	38.3 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.2 %
Referred by personal or HMO physician	28.2 %	Chronic renal disease	2.7 %
Transferred from skilled nursing facility	2.3 %	Chronic pulmonary disease	17.0 %
Admitted for elective procedure	11.8 %	Cerebrovascular degeneration	5.4 %
Admitted for emergency	15.1 %	Diabetes mellitus	8.7 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	91.7%	Hospital	8.8 Days
State	6.0%	State	10.1 Days
Outside State	2.3%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds 222	Burn Unit No
Occupancy Rate 66.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric Yes
Medicare Discharges 32.7 %	Hospice CareYes
Case Mix Index (CMI) 1.1528	Medical/Surgical Intensive CareYes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 114	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Wibalbar 1100ldofflo, interno	Alcohol/DrugNo
Registered Nurses	RehabilitationNo
Licensed Practical Nurses 42	Psychiatric No
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

WING MEMORIAL HOSPITAL

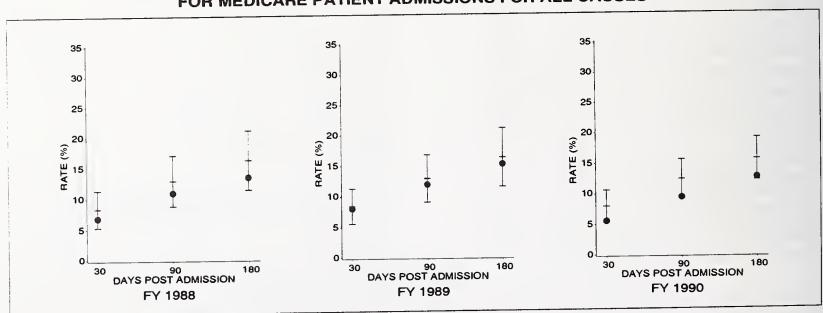
WRIGHT ST PALMER, MA 01069 Medicare Provider Number: 220030

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)										
	NUMBER OF CASES	30 DAYS			9	90 DAYS			180 DAYS			
CATEGORY		OBS	PRED	SD*	овѕ	PRED	SD*	OBS	PRED	SD*		
ALL CAUSES	732	5.6	8.0	1.3	9.4	12.4	1.6	12.7	15.7	1.7		
CONDITIONS:												
Acute Myocardial Infarction	21	33.3	23.0	••••	38.1	25.8		38.1	28.5			
Congestive Heart Failure	46	10.9	16.2		19.6	25.9		30.4	33.2			
Pneumonia/Influenza		9.1	11.9		12.1	16.4		15.2	19.5			
Chronic Obstructive Pulmonary Disease	9	0.0	8.0		0.0	14.1		0.0	18.6			
Transient Cerebral Ischemia	8	0.0	3.3		12.5	7.1		12.5	11.2			
Stroke	18	16.7	19.0		22.2	25.3		22.2	29.5			
Hip Fracture	19	5.3	6.0		10.5	11.0		15.8	14.2			
Sepsis		33.3	29.6		33.3	39.1		33.3	45.0			
PROCEDURES:												
Angioplasty	0											
Coronary Artery Bypass Graft	0											
Initial Pacemaker Insertion	1	0.0	1.3		0.0	2.7		0.0	4.0			
Carotid Endarterectomy	. 0											
Hip Replacement/Reconstruction	14	0.0	3.7		7.1	7.0		7.1	9.3			
Open Reduction of Hip Fracture	. 5	0.0	4.7		0.0	8.6		20.0	11.1			
Prostatectomy	. 21	0.0	1.0		0.0	2.3		0.0	3.8			
Cholecystectomy	12	0.0	3.7		0.0	6.3		0.0	7.7			
Hysterectomy		0.0	0.2		0.0	0.6		0.0	1.0			

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



WING MEMORIAL HOSPITAL Medicare Provider Number: 220030

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

		COMORBIDITIES:	
Average age at admission	74.5 years	Cancer	7.4 %
Proportion female	58.9 %	Chronic cardiovascular disease	40.7 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.5 %
Referred by personal or HMO physician	32.9 %	Chronic renal disease	2.6 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	12.4 %
Admitted for elective procedure	0.8 %	Cerebrovascular degeneration	5.5 %
Admitted for emergency	38.1 %	Diabetes mellitus	6.6 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	1:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	79.9%	Hospital	6.7 Days
State	17.9%	State	10.1 Days
Outside State	2.2%	National	8.6 Days
Total	100.0%		

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	90
PROFILE:	SPECIALTY SERVICES:
Total Beds 70	Burn Unit No
Occupancy Rate 58.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric Yes
Medicare Discharges 49.6 %	Hospice CareYes
Case Mix Index (CMI) 1.0430	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
Medical Residents/Interns 0	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses 63	Alcohol/DrugNo
Licensed Practical Nurses	Rehabilitation No
Licensed Fractical Nuises	Psychiatric Yes
** Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

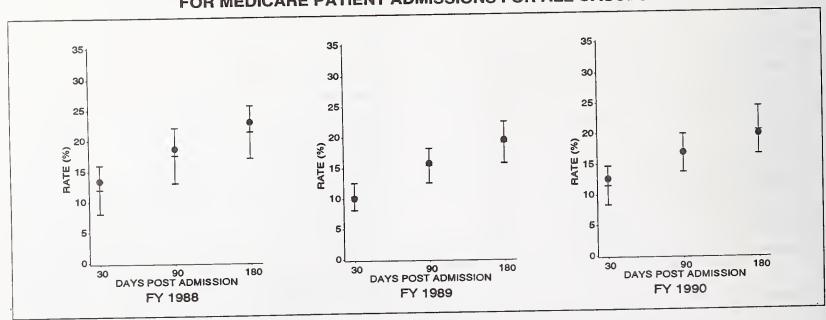
WINTHROP COMMUNITY HOSPITAL 40 LINCOLN ST WINTHROP, MA 02152 Medicare Provider Number: 220097

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				МО	RTALIT	RATE	S (%)			
		30 DAYS			90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	740	12.6	11.5	1.6	16.9	16.8	1.6	19.9	20.5	1.9
CONDITIONS:										
Acute Myocardial Infarction	38	26.3	26.6		26.3	29.9		26.3	32.9	
Congestive Heart Failure	51	21.6	18.3	8.5	31.4	27.9	6.9	33.3	34.3	6.7
Pneumonia/Influenza	70	12.9	15.5	5.2	18.6	21.3	7.2	22.9	25.4	7.4
Chronic Obstructive Pulmonary Disease	33	3.0	5.3		6.1	9.9		6.1	13.7	*****
Transient Cerebral Ischemia	8	0.0	4.9		0.0	10.2		0.0	14.5	
Stroke	30	26.7	22.3	-4000	30.0	30.4		36.7	34.6	
Hip Fracture	13	7.7	7.7		15.4	13.8		23.1	17.8	
Sepsis		80.0	31.8		80.0	40.8		0.08	45.2	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	3	0.0	2.6		0.0	5.3		0.0	7.5	
Carotid Endarterectomy	. 0									
Hip Replacement/Reconstruction	. 2	0.0	9.9		0.0	18.1		50.0	22.8	
Open Reduction of Hip Fracture	. 7	0.0	5.3		14.3	10.4		14.3		
Prostatectomy		11.8	3 1.2		11.8	3 2.9		11.8	5.0	
Cholecystectomy		0.0	2.8		0.0	4.8		0.0	6.0	
Hysterectomy		0.0	0.0		0.0	0.1	*****	0.0	0.2	

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



WINTHROP COMMUNITY HOSPITAL Medicare Provider Number: 220097

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	79.0 years	Cancer	3.6 %
Proportion female	65.2 %	Chronic cardiovascular disease	31.2 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.3 %
Referred by personal or HMO physician	13.0 %	Chronic renal disease	0.7 %
Transferred from skilled nursing facility	0.3 %	Chronic pulmonary disease	16.5 %
Admitted for elective procedure	5.9 %	Cerebrovascular degeneration	3.5 %
Admitted for emergency	85.6 %	Diabetes mellitus	5.1 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	88.9%	Hospital	9.6 Days
State	9.5%	State	10.1 Days
Outside State	1.6%	National	8.6 Days
Total	100.0%		

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1	990
PROFILE:	SPECIALTY SERVICES:
Total Beds 102	Burn Unit No
Occupancy Rate 73.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric Yes
Medicare Discharges 56.7 %	Hospice Care No
Case Mix Index (CMI) 1.0505	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center
Medical Residents/Interns 0	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
modical ricolacitic, monitoria	Alcohol/DrugNo
Registered Nurses 43	Rehabilitation No
Licensed Practical Nurses	PsychiatricYes
* Except for CMI	Medicare Swing Beds No

^{*} Not used in calculating mortality rates

WORCESTER CITY HOSPITAL

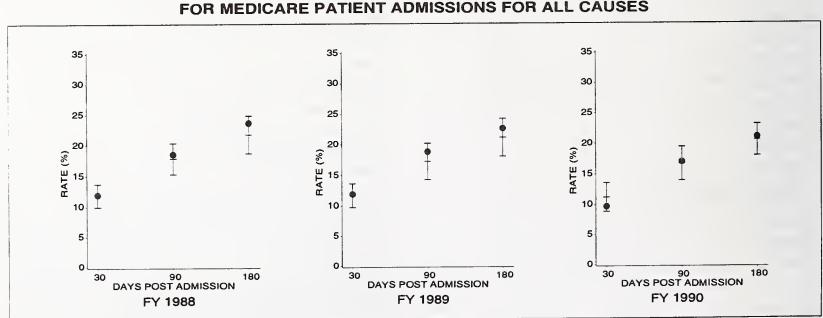
26 QUEEN ST WORCESTER, MA 01610 Medicare Provider Number: 220115

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
		;	30 DAY	S	9	0 DAYS	3	180	180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	овѕ	PRED	SD*	
ALL CAUSES	1166	9.7	11.2	1.2	17.0	16.7	1.4	21.1	20.6	1.3	
CONDITIONS:											
Acute Myocardial Infarction	30	33.3	30.4		36.7	33.1		40.0	35.7		
Congestive Heart Failure	62	14.5	15.3	5.5	24.2	24.4	5.8	29.0	30.9	6.1	
Pneumonia/Influenza	89	13.5	17.7	7.0	19.1	24.4	6.3	24.7	28.7	6.2	
Chronic Obstructive Pulmonary Disease	13	7.7	10.4		23.1	18.4		38.5	24.3		
Transient Cerebral Ischemia	14	14.3	1.6		14.3	3.7		14.3	5.9		
Stroke	28	28.6	28.8		35.7	36.8		39.3	40.7		
Hip Fracture	47	6.4	6.7		10.6	11.6		12.8	15.0		
Sepsis	3	33.3	9.3		33.3	12.5		33.3	15.6		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	4	0.0	2.1		0.0	4.4		0.0	6.6		
Carotid Endarterectomy	3	33.3	1.7		33.3	3.0		33.3	4.7		
Hip Replacement/Reconstruction	18	5.6	4.1		11.1	7.8		11.1	10.5		
Open Reduction of Hip Fracture	25	0.0	5.8		0.0	10.1		4.0	13.0		
Prostatectomy	20	0.0	1.1		0.0	2.6		0.0	4.5		
Cholecystectomy	24	8.3	5.1		12.5	9.4		12.5	12.4		
Hysterectomy	. 3	0.0	1.2		0.0	2.5		0.0	3.9		

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



WORCESTER CITY HOSPITAL Medicare Provider Number: 220115

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.6 years	Cancer	6.7 %
Proportion female	56.8 %	Chronic cardiovascular disease	36.9 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.4 %
Referred by personal or HMO physician	23.6 %	Chronic renal disease	2.8 %
Transferred from skilled nursing facility	0.1 %	Chronic pulmonary disease	18.1 %
Admitted for elective procedure	12.3 %	Cerebrovascular degeneration	5.9 %
Admitted for emergency	75.3 %	Diabetes mellitus	6.3 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	94.5%	Hospital	13.1 Days
State	3.3%	State	10.1 Days
Outside State	2.2%	National	8.6 Days
Total	100.0%		

HOSPITAL CHARACTERISTICS*

SOURCE: Health Care Financing Administration (OSCAR)**	- Survey Year 1990
PROFILE:	SPECIALTY SERVICES:
Total Beds 62	Burn UnitYes
Ownership/Control Local Government	Coronary Care Unit Yes
Case Mix Index (CMI) 1.3499	Hospice Care No
STAFFING:	Intensive Care UnitYes
Medical Residents/Interns 3	Organ Transplant No
Registered Nurses 170	Trauma Center Yes
Licensed Practical Nurses	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugYes
	RehabilitationNo
	Psychiatric Yes
	Medicare Swing Beds No
** Except for CMI	

^{*} Not used in calculating mortality rates

MASSACHUSETTS

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		30 DAYS			90	90 DAYS			180 DAYS	
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS F	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	175,437	8.5	9.4	0.1	13.5	14.5	0.1	17.1	18.1	0.1
CONDITIONS:										
Acute Myocardiai Infarction	6,142	24.2	25.4	0.8	29.2	28.9	1.2	31.9	31.8	0.9
Congestive Heart Fallure	9,023	13.6	15.6	0.4	22.5	24.6	0.5	29.2	31.1	0.6
Pneumonia/Influenza	8,383	15.3	17.4	0.5	21.6	24.0	0.5	25.9	28.2	0.7
Chronic Obstructive Pulmonary Disease	2,241	7.5	8.1	1.1	12.9	14.1	1.3	17.4	18.7	1.4
Transient Cerebrai Ischemia	2,266	1.3	1.9	0.6	3.6	4.4	0.8	6.3	7.0	0.9
Stroke	5,876	18.2	20.5	0.6	25.7	27.6	0.6	30.0	31.6	0.6
Hip Fracture	4,641	6.0	7.0	0.7	10.7	12.5	0.5	14.1	16.2	0.6
Sepsis	1,587	22.4	24.7	1.5	30.2	32.8	1.6	35.2	37.6	1.7
PROCEDURES:										
Angioplasty	772	2.7	2.8	1.0	3.4	4.0	1.2	4.7	5.1	1.2
Coronary Artery Bypass Graft	1,548	6.0	6.3	0.8	8.1	9.4	1.0	8.7	10.8	1.0
Initial Pacemaker Insertion	1,281	3.0	3.5	0.9	5.8	6.6	1.3	8.8	9.4	1.4
Carotid Endarterectomy	482	1.9	1.4	0.8	2.1	2.6	0.9	3.1	3.9	1.1
Hip Replacement/Reconstruction	3,245	2.8	3.5	0.4	5.2	6.5	0.6	7.1	8.7	0.6
Open Reduction of Hip Fracture	2,353	5.4	6.4	0.7	10.2	11.7	0.8	13.6	15.5	1.0
Prostatectomy	4,928	0.8	1.0	0.2	2.2	2.3	0.2	3.8	4.0	0.3
Cholecystectomy	2,584	2.4	2.9	0.5	4.3	5.3	0.7	5.4	7.1	0.8
Hysterectomy	1,253	0.6	0.7	0.3	1.2	1.6	0.5	2.4	2.5	1.1

^{*} The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.3 years	Cancer	8.2 %
Proportion female	57.9 %	Chronic cardiovascular disease	36.8 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.1 %
Referred by personal or HMO physician	34.1 %	Chronic renal disease	3.3 %
Transferred from skilled nursing facility		Chronic pulmonary disease	14.2 %
Admitted for elective procedure		Cerebrovascular degeneration	5.4 %
Admitted for emergency		Diabetes meilitus	7.8 %

ALL STATES

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

	MORTALITY RATES (%)									
	NUMBER OF CASES	30 DAYS		90 DAYS			180 DAYS			
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	6,542,299	9.0	9.0		13.9	13.7		17.3	17.1	
CONDITIONS:										
Acute Myocardial Infarction	204,673	25.3	25.6		29.5	28.7	••••	32.1	31.4	
Congestive Heart Failure	335,426	14.3	14.4		22.9	22.8		29.2	29.0	
Pneumonia/Influenza	313,303	15.3	15.5		21.5	21.3	••••	25.5	25.1	
Chronic Obstructive Pulmonary Disease	107,387	8.0	8.0		14.1	14.0	•	18.7	18.5	
Transient Cerebral Ischemia	96,866	1.8	1.8	••••	4.0	4.0	••••	6.4	6.5	
Stroke	241,803	19.7	19.8		26.5	26.3	••••	30.4	30.0	
Hip Fracture	163,386	6.7	6.5		11.7	11.5	••••	15.1	15.0	
Sepsis	80,999	25.6	25.7		34.6	33.8		39.8	38.6	••••
PROCEDURES:										
Angioplasty	58,026	3.0	3.0		4.0	4.0		5.0	4.9	••••
Coronary Artery Bypass Graft	80,798	6.0	5.7	*****	8.3	8.1		9.5	9.2	
Initial Pacemaker Insertion	49,642	3.2	3.3	•••	6.5	6.3		9.1	9.1	
Carotid Endarterectomy	29,990	1.6	1.5		2.8	2.8		4.0	4.1	
Hip Replacement/Reconstruction	122,156	3.4	3.2	••••	6.2	5.9	••••	8.1	8.0	
Open Reduction of Hip Fracture	80,075	6.1	6.0	••••	11.2	11.0	••••	14.5	14.5	
Prostatectomy	211,087	0.9	1.0		2.2	2.3		3.7	3.8	
Cholecystectomy	124,259	2.9	2.7		5.0	4.9		6.5	6.5	
Hysterectomy	53,905	0.7	0.7	****	1.4	1.5	****	2.2	2.4	

^{*} The Standard Deviation (SD) is not calculated.

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:		
Average age at admission	74.1 years	Cancer	7.6 %	
Proportion female	55.9 %	Chronic cardiovascular disease	36.6 %	
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.0 %	
Referred by personal or HMO physician	46.1 %	Chronic renal disease	3.4 %	
Transferred from skilled nursing facility	1.1 %	Chronic pulmonary disease	15.0 %	
Admitted for elective procedure	22.0 %	Cerebrovascular degeneration	3.9 %	
Admitted for emergency	46.5 %	Diabetes meilitus	8.0 %	



Hospital Comments

Medicare #220128

March 13, 1992

Medicare Hospital Information, HCFA Bureau of Data Management & Strategy Room 3-A-12, Security Office Park Building 6325 Security Boulevard Baltimore, MD 21207

RE: Comments on Hospital Mortality Rates

ATTENTION: Mr. Robert Moore

The in-patient hospital mortality rates for Medicare beneficiaries reflect the fact that the Addison Gilbert Hospital patient census for individual categories excepting CHF and pneumonia are too small for statistical significance. The statistics for CHF and pneumonia show that the Addison Gilbert is within the predicted ranges. Similarly, the statistics for overall mortality show that the Addison Gilbert Hospital is well within predicted ranges.

We feel that the statistics reflect the institution's continuing commitment to quality care.

Sincerely.

Kathryn Melendy

President

KM:sto



MEDICARE PROVIDER: 220077

March 12, 1992

Gail R. Wilensky, Ph.D., Administrator
Health Care Financing Administrator
Medicare Hospital Information
Bureau of Data Management and Strategy
Room 3-A-12, Security Office Park Building
6325 Security Boulevard
Baltimore, Maryland 21207-5187
Attn: Robert Moore

Re: Baystate Medical Center's Response to FY 1990 Medicare

Mortality Data

To Whom it May Concern:

We have analyzed our hospital's Medicare mortality data for fiscal year 1990. As a regional referral center in Western Massachusetts which cares for large groups of patients with high degrees of severity of illness and with a philosophical commitment never to turn away patients in need, Baystate Medical Center is in agreement that we have no areas of medical practice where excessive death rates are a concern.

Looking at mortality rates up to 180 days after admission naturally has implications for out of hospital care as well. While Baystate Medical Center frequently has no control over the management of patients after they leave the hospital, we are committed to strengthening our efforts in improving communications with both patients and their physicians after hospitalization to assess long term outcomes.

Baystate Medical Center also has recently received information from our state PRO (Peer Review Organization) which intensively analyzes the quality of care provided Medicare patients. It was encouraging to learn that for Massachusetts hospitals we had among the lowest physician-confirmed generic quality of care screen failure rates. These screens are markers for quality of care problems. This was especially gratifying despite the fact that we care for a disproportionate share of extremely ill and high risk patients.

Page 2 3/12/92 Dr. Wilensky

We also note that for two consecutive years, at 90 days after admission to Baystate Medical Center, there were no deaths in patients with a diagnosis of transient cerebral ischemia; at 30 days after admission, there were no deaths for those patients who underwent prostatectomy. In addition to the importance this success has to each one of the patients who had these conditions or procedures, Baystate Medical Center also recognizes its commitment to research and is constantly trying to provide improved methods of dealing with medical problems. In this instance, transient cerebral ischemia represents a condition which can be a warning of a stroke. The fact that no deaths were observed at 90 days of follow-up for two years in a row for this group of patients gives us reason to believe that our therapeutic interventions will have broader importance to society.

In summary, Baystate Medical Center will take this mortality data and utilize it along with the information provided by our intensive internal quality improvement programs in our quest to heal the sick and diminish suffering for all patients we are privileged to care for.

Sincerely,

Michael J. Daly

President, Baystate Medical Center

MJD:LGS:cl



Beth Israel Hospital Boston

330 Brookline Avenue Boston, MA 02215 A major teaching hospital of Harvard Medical School

A constituent agency of Combined Jewish Philanthropies Mitchell T. Rabkin, MD President

(617) 735-2000



19 March 1992

Gail R. Wilensky, Ph.D., Administrator
Health Care Financing Administration
Medicare Hospital Information
Bureau of Data Management and Strategy
Room 3-A-12, Security Office Park Building
6325 Security Boulevard
Baltimore, MD 21207-5187
ATTN: Robert Moore

Cail

Dear Ms. Wilensky:

We are in receipt of the 1990 HCFA Mortality Report and we appreciate the opportunity to comment on its contents and to use this information as another input to our ongoing quality assurance programs.

As part of our quality assessment and improvement program all deaths in the hospital receive some level of monitoring and are reviewed on a continuous basis. Each case is reviewed addressing causation and appropriateness of care provided resulting in analysis, education and communication among our clinical and training staff.

In specific reference to the data provided, we continue to be concerned about the adequacy of case-mix adjustment in the methodology in this and previous years. For example, coronary artery bypass graft patients are grouped together with patients who have had both valve replacement and coronary artery bypass graft surgery at the same time. The mortality rates for patients with both procedures is significantly higher than for patients with coronary artery bypass graft alone. Continuing to group these patients together biases the analysis in comparing hospitals with a significant number of the more complicated cases. We suggest that you group the patients with coronary artery bypass graft alone in a separate category from patients with both procedures.



Medicare Provider #220086

We will continue to make corrective action plans where indicated. We also are actively participating in research based on outcomes rather than just mortality.

Thank you for the opportunity to comment.

Sincerely,

Mitchell T. Rabkin, M.D.

President

jf

P. S. Cargabelahars ar your new role!

Out of the frying pour

W.



BEVERLY HOSPITAL

More than a Hospital...a Family Centered Health Care System.

Herrick & Heather Streets • Beverly, MA 01915 • 508/922-3000

Medicare Provider No: 220033 March 12, 1992

Gail R. Wilensky, Ph.D., Administrator
Health Care Financing Administration
Medicare Hospital Information
Bureau of Data Management and Strategy
Room 3-A-12, Security Office Park Building
6325 Security Boulevard
Baltimore, Maryland 21207-5187
Attention: Robert Moore

COMMENTS ON HCFA MORTALITY DATA FY 1990

Thank you for the opportunity to review and evaluate the HCFA 1990 mortality data for Beverly Hospital. A review of the methodology used to prepare these data shows some changes to previous years, including a revision of variables used to compute the predicted mortality rates. One random admission is chosen, rather than the last admission during the year, and observed mortality rates are presented in three timeframes - 30, 90, and 180 days post admit date. The development of a mortality prediction rate includes factors which evaluate patient's probabilities of death. They include demographic characteristics, comorbidities, prior admissions, admission type, admission source, diagnostic and procedure information. The information presented includes deaths during an admission, as well as deaths after discharge from the hospital. Although the new methodology was applied retrospectively to 1988 and 1989, this letter will primarily address the 1990 data, as the other two years have already been reviewed and published.

The 1990 data reports an observed mortality rate of 17.2% of 1,873 (322) Medicare patients who expired in the 180 days following the random admission to Beverly Hospital. The list included 157 patients who died during the random admission and 165 who expired after discharge from the randomly selected admission. After applying the formula suggested to compute the standard deviation and create a predicted range, the only category which shows a higher than predicted mortality rate was the procedure codes for prostatectomy. All of the other Beverly Hospital observed mortality rates fall into the predicted ranges for all diagnostic and procedure categories. The mortality rate of 3.0% of 67 Medicare patients who had a prostatectomy reflects two deaths. Comparative data from the MedisGroups database shows that DRG 336 [Major male procedures with comorbid conditions], which included both patients, has an average admission severity of 1.11, compared to the national range of .66 - 1.10. These patients present a more involved clinical picture than the other patients represented in this procedure category.

Medicare Provider No. 220033 March 11, 1992 Page 2

It is important to recognize that all dimensions of the quality of care rendered at Beverly Hospital are objectively evaluated on an ongoing basis. Indicators are chosen and criteria are developed, approved and monitored on a concurrent and retrospective basis. Mortality review continues to be one of the key monthly educational indicators for all clinical departments. The actual mortality rate for Medicare patients at Beverly Hospital is 7.9% and the average acute/SNF length of stay is 10.0 days. Our commitment to provide high quality care and to continually identify opportunities to improve care are the main objectives of the Board of Trustees, the Medical Staff, and the management of Beverly Hospital.

Beverly Hospital has been using MedisGroups, a nationally recognized system to measure admission severity of illness, since 1987. Patients are categorized retrospectively on a scale of 0-4 (4 being the most clinically unstable). The system allows hospitals to compare their information with a national database to identify areas of quality and areas for improvement. Clinical departments use this data at Beverly Hospital to develop indicators for review. An analysis of our FY 1990 Medicare experience shows, as expected, that the population that expired was, on average, older (79 vs. 74.3 years), sicker (2.54 admission severity vs. 1.34) and thus required more resources.

To summarize, Beverly Hospital continues to maintain a strong effort in the area of quality review and improvement. Peer review of all mortalities to ensure the delivery of appropriate and timely care remains an important part of our quality assurance program. Once again, we appreciate the opportunity to review and respond to HCFA mortality information. If there are any questions, please do not hesitate to contact me.

Very truly yours,

Robert R. Fanning, Jr.

President

pc:

Herbert Bistrong, M.D. Medical Staff President



H. Richard Nesson, M.D. *President*

75 Francis Street Boston, Massachusetts 02115 (617) 732-5503

March 17, 1992

Gail R. Wilensky, Ph.D.
Administrator
Health Care Financing Administration
Medicare Hospital Information
Bureau of Data Management and Strategy
Room 3-A-12, Security Office Park Building
6325 Security Boulevard
Baltimore, MD 21207-5187
Attn: Robert Moore

Dear Dr. Wilensky:

Brigham and Women's Hospital (BWH) appreciates the opportunity to comment on the Medicare mortality data released by the Health Care Financing Administration (HCFA). We believe that the availability of data on hospital mortality experiences can be an important first step in determining how quality of care should best be measured.

We were pleased to learn that the observed mortality rates for "all causes" for BWH were at least two standard deviations below the predicted rates for all time periods in FY90, FY89, and FY88. Given that the BWH Medicare case-mix index was the second highest in Massachusetts and the twenty-eighth highest nationwide in FY90, we believe that this testifies to the high quality of the medical care we provide. In each of the disease groups measured in FY90, the BWH observed mortality rates were never more than one standard deviation above the predicted rates. In fact, for congestive heart failure, pneumonia/influenza, and stroke, the BWH observed rates were more than one standard deviations below the predicted rates for most of the FY90 time periods measured.



It should be emphasized that the release of the HCFA mortality data augments existing quality management activities at BWH. As part of our own on-going commitment to ensuring the quality of patient care, we routinely review every death that occurs within our hospital. These data are used in conjunction with other indices to guide departmental peer reviews and the resulting corrective actions taken. Such findings and actions are reported on a regular basis, and monitored by the Clinical Chiefs of Staff, Medical Staff Quality Assurance Committee, Medical Staff Executive Committee, and Patient Care Assessment Committee of the Hospital Board of Trustees. In addition, we are conducting an active internal research program to develop more sensitive standards of outcome than mortality rates.

Sincerely,

H. Richard Nesson, M.D.

H. Richard Resson

HRN/mle

BH Burbank Hospital

The Picture of Health March 16, 1992

Gail R. Wilensky, Ph.D, Administrator
Health Care Financing Administration
Medicare Hospital Information
Bureau of Data Management and Strategy
Room 3-A-12, Security Office Park Building
6325 Security Boulevard
Baltimore, Maryland, 21207-5187
ATTN: Robert Moore

Medicare Provider Number 220001

Dear Ms. Wilensky:

The following comments are submitted in response to HCFA's FY 1990 Medicare Hospital Mortality Information on Burbank Hospital.

HCFA's continuing efforts to improve the accuracy and usefulness of its mortality reports are appreciated.

in the past, Burbank Hospital officials carefully reviewed the data and are pleased to note only one statistically significant difference above the .25 level in mortality rates in any of the categories. In this category, hip fractures, patients at Burbank Hospital who died within 90 days of admission had an average age 87.3 years and a number of other serious conditions which complicated the course of their illness. A review of all of these cases revealed the care to have been appropriate and the The other results corroborate positive deaths unavoidable. findings from the Hospital's own comprehensive quality assurance Nevertheless, all deaths were reviewed in any category with a mortality rate above the norm even when there was only 1 death in that category. By using MedisGroups, a system which adjusts for severity of illness at admission and compares these outcomes to a national data base, we found that, in most instances, an increase in mortality coincided with an increase in severity of illness at admission. This finding is supported by a study recently published in the Journal of the American Medical Association which found that most differences in hospital mortality are the result of very large differences in the conditions of the patients coming in.

It should be noted that Burbank Hospital serves as a regional referral center for oncology, gerontology, dialysis and emergency medicine patients. These patients may well be more severally ill at admission.

275 Nichols Road Fitchburg, Massachusetts 01420-8209 508-343-5000 The following corrections to the Hospital characteristics printed by HCFA should also be noted:

- In-patient care is provided to terminally-ill patients enrolled in a hospice program affiliated with Burbank Hospital.
- There are 6 Family Practice Residents.

Sincerely yours,

γ ξ , ×

BURBANK HOSPITAL

William J. William

President



235 NORTH PEARL STREET, BROCKTON, MASSACHUSETTS 02401

(508) 588-4000

Robert J. Jepsen, Jr. President

220156-Medicare Provider Number

March 17, 1992

Gail R. Wilensky, Ph.D., Administrator
Health Care Financing Administration
Medicare Hospital Information
Bureau of Data Management and Strategy
Room 3-A-12, Security Office Park Building
6325 Security Boulevard
Baltimore, Maryland 21207-5187

Attention: Robert Moore

Dear Dr. Wilensky:

Cardinal Cushing General Hospital has reviewed the Fiscal Year 1990 Medicare Hospital Mortality Rates and offers several general comments to public consumers of the statistical summary of this report.

The Hospital fully acknowledges the scope and magnitude of this national project, and views the results of the study as one of many valuable tools the Hospital engages in its continuous monitoring of quality care.

The Hospital falls within the predicted ranges for all disease categories in this analysis. However, the Hospital cautions that the report can be interpreted as measuring a patient's likelihood of mortality due to any of a number of causes following discharge from the hospital. Patients, in this report, are grouped in categories on the basis of their discharge diagnoses, which may not have a relationship to their subsequent cause of death.

We look forward to future endeavors in this regard and encourage any party with questions or seeking additional information to call the Hospital.

Sincerely,

Robert J. Jepsen, Jr.

President

RJJ:emc

44.

Caritas Christi - A Catholic Health Care System - Charter Member

An Affiliated Teaching Hospital of Tufts University School of Medicine



Old Road to Nine Acre Corner Concord, MA 01742-4166 (508) 369-1400

Medicare Provider #220084

March 19, 1992

Gail R. Wilensky, Ph.D. Administrator Health Care Financing Administration Medicare Hospital Information Bureau of Data Management and Strategy Room 3-A-12 Security Office Park Building 6325 Security Boulevard Baltimore, Maryland 21207-5187

ATTN: Robert Moore

Dear Mr. Moore:

For more than 80 years, Emerson Hospital has strived to deliver quality, personalized care to every patient. Consistent with our mission, Emerson has in place a longstanding quality assessment program designed to continually assess patient care and take actions for improvement. Moreover, we recently established a Continuous Quality Improvement Committee designed to educate our Board of Directors, managers and department heads, and every hospital employee about our strong commitment to total quality management, a systems analysis approach to solving problems. Consequently, we employ many different means to assess the quality of patient care, including the annual review of HCFA mortality data.

Based on our preliminary review of the mortality data for Medicare patients discharged from Emerson Hospital between October 1, 1989 and September 30, 1990, the information forwarded to us by HCFA appears accurate. Should subsequent analysis reveal any errors in the data, we will inform your agency.

We are pleased, of course, that the overall mortality rates for FY1990 for Emerson Hospital are within the predicted range. We applaud HCFA's continuing effort to refine its measurement of mortality data so that it can become a more effective tool to assist hospitals in monitoring care. At the same time, we realize that the measurement of mortality data itself is a highly complex issue and one that is often difficult for both clinicians and the public to interpret.

Finally, since HCFA and hospitals share the goal of improved patient care, we would encourage a broad educational effort to help the health care consumer understand not only this mortality data but all of the components used to assess and measure quality care in a hospital setting.

Sincerely,

Rina K. Spence
President and CEO

RKS:jr/.40

March 19, 1992



Gail R Wilensky, Ph.D., Administrator
Health Care Financing Administration
Medicare Hospital Information
Bureau of Data Management and Strategy
Room 3-A-12, Security Office Park Building
6325 Security Boulevard
Baltimore, Maryland 21207-5187
ATTN: Robert Moore

Dear Dr. Wilensky:

Below please find our comments relative to the annual release of the "Medicare Hospital Information Report" (i.e. FY 1990 mortality data). In addition, we've provided an "Error/Correction Report" separate from this comment section so that corrections may be made to data found to be erroneous.

COMMENTS

We, now for the fifth consecutive year, have been in receipt of the HCFA mortality data. Once again Faulkner Hospital enthusiastically welcomed this opportunity to further assess the quality of services we provide. This was accomplished through an extensive and intensive systematic process to determine if any trends, problems or issues exist. We approached this process as thoroughly and objectively today as we have now four times previously, (i.e. since the onset of the distribution of this data) and as we approach all our review processes, i.e with a goal of continuously seeking opportunities to improve patient care.

Subsequent to an initial screening to assess both the accuracy and integrity of the provided data, an extremely indepth review was conducted on 100% of those patients who expired within 30 days of admission. In addition, an equally intensive review was completed for a representative sample of patients who expired beyond the 30 day period. These reviews were performed with an intent to identify quality issues/concerns or merely identify suspicions of such. It is significant to point out that this process was independent of the internal review processes that exist at Faulkner and are carried out every day on all patients, though indeed these and similar cases would have been subjected to an aggressive, concurrent assessment that considers all aspects of patient care. Though the results of our review revealed no significant problems or trends, it did reveal again and again a level of excellence in patient care and services that is indeed a source of our institutional pride.

In order to further assess the HCFA data, we compared the reviewed cases with the results of the same cases that had undergone MassPRO review. We were most gratified to note that the findings from the PRO reviews, which comprise a fairly large and representative sample of the Medicare population and are problem focused in their selection (after initial nurse review), resulted in no cases having a final determination that a quality issue existed.

617-522-5800

Allandale at Centre Street, Boston, MA 02130

Though HCFA has indicated that the methodology used in the mortality analysis has "improved each year" once again, as has been our stance now four times previously, we are reminded that the HCFA methodology continues to lack a severity component. Though this of course precludes the data from being used as a true measurement of quality, we can and do utilize the data, as noted previously, as yet another tool for screening and monitoring all aspects of patient care.

With regard to the "general overview of mortality information" that was provided in the 2/28/92 HCFA communication, it is stated that the methodology provides for observed and predicted mortality rates at 30, 90, and 180 days following the selected admission, "as with this approach, information about the early and later results of the hospitalization are provided." Since prior or subsequent admissions or outcomes may or may not be associated with the reason for hospitalization for the selected admission, and indeed information regarding intervening care is not considered in any way and in particular in terms of severity, intensity and setting, nor are external (non-medical) circumstances considered, the presumption or conclusion that a correlation exists between the hospitalization and "later results" is surely misleading. Since your cover letter indicated that "such information is also an important step in helping beneficiaries make more informed health care decisions", the publication and release of this information clearly should delineate the limitations of the HCFA methodology.

At Faulkner our Quality Assurance process, which endeavors to assure the highest quality patient care, has been in existence for many years. Since its inception, this process has continuously evolved both in breadth and scope to concurrently and extensively monitor the quality of services provided. This is accomplished through an objective, planned and systematic process that is comprised of the review of services and staff (who provide the services) at all levels.

Since Faulkner's mission focuses on excellence in patient services, it is with great pride that our hospital-wide quality approach is spearheaded by a distinctive medical staff peer review committee and a highly skilled Quality Assurance staff, who continuously seek opportunities to improve patient care. Reviews encompass all clinical areas and are structured to routinely assess the care and services provided to 100% of our admissions. Application of a vast number of indicators of care including criteria based on current standards of care are utilized to flag cases that may require a more intensive review. Expert medical staff analysis is an integral part of this review process.

Indeed all of us at Faulkner take great pride in our hospital-wide commitment to quality which is evident not only from the Governing Body, Medical Staff, Management Team, and Nursing Staff, but it is also quite apparent in all other departments and areas both directly and indirectly involved in patient care.

Sincerely,

Glace S Ullian President

Enclosure



Henry Heywood Memorial Hospital

HCFA Medicare Hospital Information

Medicare Provider #: 220095 Page 1 of 2

Although our observed rates fall within the predicted ranges for all cases and all categories, we continue to have concerns about the reliability and usage of this data.

Quality and appropriateness of care can only be reliably determined through the review of patient records, an extensive process undertaken routinely in the context of the Hospital's own Quality Assurance program and through the Medicare Peer Review Organization (PRO).

While we applaud HCFA's attempt to provide hospitals and consumers with meaningful outcome-related information on the treatment and care of selected Medicare patients, these attempts to date have tended to raise more questions than they answer.

Questions raised include:

- EXTERNAL FACTORS are not considered in the data such as demographics (beyond sex and age) and socioeconomics, availability and effectiveness of primary, pre-hospital and post-hospital care, prevalence of lifestyle risk factors and patient compliance with prescribed treatments.
- CODING VARIANCES may continue to occur between hospitals in the process of assigning DRG Codes.
- PRACTICE PATTERN VARIATIONS render such global comparisons problematic at best. Acute care admissions of terminally-ill patients or transfers of such patients from skilled nursing facilities can strongly impact on mortality data. Because admissions through the ER are not categorized as to place of origin, many if not all skilled nursing home transfers are not identified as such in Medicare data.



Henry Heywood Memorial Hospital

Medicare Provider #: 220095 Page 2 of 2

Overall--

Observed mortality rates for Henry Heywood Memorial Hospital fall within the predicted ranges for all cases and all diagnoses. Most importantly, we have confidence in the mechanisms in place at Heywood Hospital and through such external agencies as the PRO to assure that we are providing appropriate and high quality care.



70 East Street, Methuen Massachusetts 01844-4597 (508) 687-0151 Fax (508) 688-7689

> HOLY FAMILY HOSPITAL AND MEDICAL CENTER RESPONSE TO THE HCFA SELECTED MORTALITY INFORMATION FOR FISCAL YEAR 1990 Date Submitted - March 18, 1992

In the interests of the hospital's commitment to quality care, Holy Family Hospital and it medical staff leadership have reviewed the HCFA mortality rate data. Holy Family Hospita mortality rates for the diagnostic categories studied fell within the predicted ranges (ad justed for standard deviation) as developed by HCFA. This fact is supported by an indepen dent analysis of the data Holy Family Hospital commissioned from Hospcosts Forecasts Associ ates, Boston, Massachusetts -- a company with a recognized expertise in statistical fore casting. Its report, authorized by James R. Diggins, Ph.D., President, states in part --

... "There is absolutely no doubt whatsoever that Holy Family passes every statistical test that Medicare had enough data to calculate. This conclusion is unambiguous and uncontestable"...

The report, after evaluating all of the data points covered in HCFA's study, goes on to con clude:

... "All this means is that statistically, none of the differences between Holy Family's mortality rates and those predicted by the HCFA model are large enough to be meaningful"... "the conclusion is that Holy Family mortality rates are the same as Medicare says they should be"...

Due to the very brief time this mortality information has been available to the hospital and also to the unremarkable nature of the findings as reviewed by our consultant statistical forecaster, we have not done any specific studies on either the patients listed in thi material or within the categories of diagnosis reviewed. We have done this in the past however, and have never documented any evidence of inappropriate care or of medical misman agement. It should also be pointed out that last year we did study extensively the categor "hip replacement/reconstruction" and concluded that patients displayed in this category, a least as far as this hospital is concerned, are not hip replacement patients at all, bu rather that they have suffered sudden and traumatic hip fracture necessitating the placemen of an "Austin-Moore prosthesis." This procedure is not considered to constitute either "hi replacement" or "hip reconstruction." This procedure should, more appropriately, be considered in a new study category "open treatment of hip fracture."

Additionally, it should be noted that the HCFA study does not address severity of illnes within any of the diagnostic categories or procedures reported. With this in mind, it mus be further stated that Holy Family Hospital serves as a regional cancer referral center ar admits the more acutely ill patient from other hospitals for both diagnostic and acute car management services. In addition, and due to the same circumstances, Holy Family Hospita treats a higher incidence of the more at-risk neurologic and neurosurgical patients that most comparable community hospitals. Also, for deaths in most categories, there are many cases where patients and/or their families requested no further heroic measures be taken.

The HCFA data categories are based on the principal diagnosis (condition after study found to be the chief reason necessitating admission) and do not necessarily reflect the actual cause of death. For instance, patients whose cause of death is cancer are often admitted with a condition in another diagnostic category.

Holy Family Hospital has an active Quality Improvement, Assessment and Risk Management program which represents the best clinical interests of all patients regardless of age. The Quality Improvement, Assessment and Risk Management program, under the direction of the medical staff, encompasses a multi-disciplinary team approach. The stated purpose of the Quality Improvement, Assessment and Risk Management program is:

To create a coordinated and integrated Quality Improvement, Assessment and Risk Management program designed to use staff time and resources appropriately; to enhance patient care through the ongoing assessment of important aspects of patient care; to create a cost-effective program; and to correctly identify problems in all areas of management. The program evolves in part from the hospital's long-standing mission to provide well-coordinated, cost-effective, comprehensive services to the communities it serves with a special commitment to addressing the needs of the elderly and terminally ill.

As part of the hospital's Quality Improvement, Assessment and Risk Management effort, the medical staff reviews all mortalities for educational purposes and to document and substantiate the appropriateness of care and clinical patient care management in all cases. Similarly, the Quality Improvement, Assessment and Risk Management program identifies and monitors all other aspects of patient care in hospital management in an effort to continually improve the quality of patient care services within the hospital. These Quality Improvement, Assessment and Risk Management activities have been standard practice at Holy Family Hospital for many years prior to government mandates in this area.

The Massachusetts Peer Review Organization, empowered by the Federal Government to review care and management of Medicare patients, has not identified any instances of quality care issues affecting the overall care of those patients identified in the HCFA mortality report. Holy Family Hospital also adheres to the regulations of the Massachusetts Board of Registration in Medicine Patient Care Assessment Program. Neither the hospital medical staff, its Quality Improvement, Assessment and Risk Management program, nor the Massachusetts Peer Review Organization have identified any quality care issues that affected patient care during 1990.

Holy Family Hospital strives to provide the highest level of care for all patients. It has reviewed the HCFA data and prepared this response to assure we are meeting our own standards of quality care.

Please also note that the "Hospital Characteristics" section of the HCFA report on Holy Family Hospital identifies the hospital's case mix index for 1990 as 1.1509. The actu- al Medicare case mix index for Holy Family Hospital during the fiscal year studied was 1.2102.

illiam L. Lane

mill reins leis

resident/Chief Executive Officer



HUBBARD REGIONAL HOSPITAL

340 Thompson Road Webster, Mass. 01570

Telephone (508) 943-2600

Provider No. 220025

March 11, 1992

Gail R. Wilensky, Ph.D., Administrator
Health Care Financing Administration
Medicare Hospital Information
Bureau of Data Management and Strategy
Room 3-A-12, Security Office Park Building
6325 Security Boulevard
Baltimore, Maryland 21207-5187

Attention: Robert Moore

Dear Mr. Moore:

In response to the HHS Letter dated February 28, 1992. I would like to report that the Quality Assessment Committee of Hubbard Regional Hospital did review the HCFA mortality information for 1990. Unfortunately, the number of cases in each diagnostic category was too small to permit a satisfactory estimation of the standard deviation.

As mentioned in previous correspondence, this information on its own is not a complete measure of the quality of care at an individual hospital. Hubbard Regional Hospital remains committed to an ongoing Quality Assessment Program which is designed to objectively and systematically monitor and evaluate the quality and appropriateness of care rendered to each patient. Both clinical and administrative staffs monitor and evaluate the quality of patient care and clinical performance and further resolve identified problems. This information is reported to the governing body to assist it in fulfilling its responsibility for the quality of patient care.

Hubbard Regional Hospital will continue to provide the best possible care that is achievable to all of its patients.

Sincerely,

Edward F. Kittredge

Administrator

cc Joann Edmonds Joanne Newton

ibn



Carl F. Sundstrom II, Chairman Peter A. Chapman, President

March 18, 1992

Gail R. Wilensky, Ph.D., Administrator Health Care Financing Administration Medicare Hospital Information Bureau of Data Management and Strategy Room 3-A-12, Security Office Park Building 6325 Security Boulevard Baltimore, MD 21207-5187

ATTN: Robert Moore

RE: HOSPITAL I.D. #220060

We have reviewed the Medicare hospital information regarding Jordan Hospital, Inc., and find discrepancies in the Hospital Characteristics section from the AHA 1990 Annual Survey. The following items are in error:

	INCORRECT INFORMATION AS PRINTED	CORRECT INFORMATION
Occupancy Rate	73.0%	73.8%
SPECIALTY SERVICES: Hospice Care	NO	YES
OTHER SPECIALTY/ HOSPITAL-BASED SERVICES: Rehabilitation Psychiatric	NO NO	YES YES

A copy of page 77 with these corrections indicated is attached. Thank you for your assistance with this matter.

Sincerely,

Peter A. Chapman

President

PAC: jd

attachment

cc: Susan Marre, RRA, Director of Medical Records



March 16, 1992

Hospital ID #220094

Ms. Gail R. Wilensky, Ph.D., Administrator Health Care Financing Administration Medicare Hospital Information Bureau of Data Management & Strategy Room 3-A-12, Security Office Park Building 6325 Security Boulevard Baltimore, Maryland 21207-5187 Attn: Robert Moore

Dear Ms. Wilensky:

Thank you for your recent submission of HCFA mortality data to Leominster Hospital. As you know, we believe that mortality information may be useful for clinicians and administrators of health care institutions for screening purposes to help analyze the quality and appropriateness of the services they provide. Accordingly, and as in the past, we will forward this information, along with other useful indicators, to our Medical Quality Review Committee for its assessment.

Sincerely,

Beverly Gorvine

Executive Vice President & C.O.O.

BG/rmc

FILE: HCFA.BD

Hospital Road Leominster, MA 01453 (508) 537-4811



March 19, 1992

Gail R. Wilensky, Ph.D., Administrator Health Care Financing Administration Medicare Hospital Information Bureau of Data Management and Strategy Room 3-A-12, Security Office Park Building 6325 Security Boulevard Baltimore, Maryland 21207-5187

ATTN: Robert Moore

Ludlow Hospital is submitting the following comments which should be taken into consideration while reviewing the Medicare Hospital Information - 1992 Report.

Cases with observed greater than expected mortality incidences or increased mortality incidences compared to 1988 and 1989 were reviewed.

The condition/procedures reviewed were: Acute MI; Stroke; Sepsis; Initial Pacemaker Insertion; and C.H.F.

Of 39 cases reviewed:

*27 patients were 75 years or older

*12 patients less than 75 years old

*4 had cardiac arrest prior to arrival *11 cases did not die in this hospital

*7 cases died outside 180 day parameter

The breakdown by specific condition/procedure category:

C1-Acute MI (12 cases)

- *3 did not die at this hospital, unknown cause of death
- *4 had cardiac arrest prior to arrival
- *3 had comorbid cardiovascular disease
- *2 had undergone recent by pass surgery
- *age range was 68-92

4 Chestnut Place Ludlow, Ma 01056 413•583•8361 Fax-413•589•0098

C6-Stroke (7 cases)

- *2 did not die at this hospital, unknown cause of death
- *1 died 2 months after stroke; cause of death sepsis with coma
- *2 had comorbid pneumonia and cardiovascular disease
- *age range was 70-89

C8-Sepsis (4 cases)

- *2 did not die at this hospital, unknown cause of death; 1 of these was beyond 180-day parameter
- *1 was not proven septic by diagnostic tests
- *1 had comorbid renal failure, respiratory failure, electro-lyte imbalance
- *age range was 83-101

C2-CHF (14 cases)

- *4 did not die at this hospital, unknown cause of death, except 1 who was transferred to another hospital with tubular necrosis, acute renal failure
- *6 died more than 180 days after admission
- *4 refused intubation, were DNR status per patient/family request
- *age range was 60-92

P3-Initial Pacemaker Insertion (2 cases)

- *1 had cardiac arrest prior to arrival
- *1 had comorbid cardiogenic shock
- *ages 78 and 86

Insofar as this hospital has determined significant errors in the report based on a small sample of only 39 cases compared to the more than 500 patients submitted, we respectfully request a rereview of the data.

The Hospital appreciates this opportunity to include this addendum to the report.

Sincerely,

James V. Divver

James V. Dinver

Chief Executive Officer



57 Union St., Marlborough, MA 01752 (508) 481-5000 • Fax (508) 485-9123

March 18, 1992

Gail R. Wilensky, Ph.D. Administrator Medicare Hospital Information Bureau of Data Management and Strategy Room 3-A-12, Security Office Park Building 6325 Security Boulevard Baltimore, MD 21207

Attn: Robert Moore

Dear Mr. Moore:

The H.C.F.A. Medicare Mortality Data represents 1195 Medicare patients discharged from Marlborough Hospital between October 1, 1989 and September 30, 1990. However, many were discharged more than once within this time frame.

Numerous factors affecting these statistics were not utilized in calculating the findings. Therefore I think it is important to identify the factors that are not represented in determining the H.C.F.A. statistics. For example, they do not reveal whether the patients or their representatives in these instances requested life sustaining measures not be initiated. The severity level of the patient's illness is not measured, nor are social or cultural factors represented in your results. Also lacking is the individual patient's level of compliance with medical intervention or indications of whether there were unrelated events, such as motor vehicle accidents which contributed to the patient's demise.

As stated by H.C.F.A., "The precision and interpretability of our estimates are questionable when there are no deaths or 50 or fewer cases in a particular category being analyzed." For Marlborough Hospital 14 of the 17 categories for which your statistics were compiled contain fewer than 50 cases. Clearly then, the "precision and interpretability" of these statistics is very limited for our institution.

Of the 14 patients in the category of stroke, 12 patients or their representatives had requested life sustaining measures not be initiated; the average age of the 14 patients was 81. All of the patients included in this category had multiple comorbid conditions such as metastatic cancer, renal failure, chronic obstructive lung disease and insulin dependent diabetes which contributed to their demise. The category chosen (stroke) does not reflect the actual

cause of death documented in the medical record by the attending physician. Three of the patients were discharged to other facilities and the details of their subsequent course are unknown. Eight of the patients had a hospital length of stay under 5 days indicating a high severity.

Relative to the patients in the category of congestive heart failure, in two of the sub-groups (60 and 180 days) the hospital mortality rate was below what was predicted. For the sub-group of 30 days the hospital's mortality was slightly higher. This may reflect the fact that 5 of these patients were in the hospital 2 weeks or longer, suggesting chronic, severe disease not responding to intensive intervention. Cormorbid conditions within this group include several previous myocardial infarctions, metastatic cancer and severe cardiac disease.

It is our belief that statistical death rates do not confirm or deny the quality of patient care management. They should be used to identify areas requiring more indepth review. The only accurate measurement of patient care management is derived through individual clinical review. H.C.F.A. also believes that the Mortality Rate Data is only a single preliminary step in the process of measuring the quality of health care. In keeping with this belief, Marlborough Hospital has had a comprehensive peer review system in place for several years and mortality review is one of multiple elements in this process. The availability of the H.C.F.A. data regarding deaths subsequent to discharge is a useful addition to our mortality review systems.

Marlborough Hospital supports all efforts to produce indicators that assist health care providers in monitoring and evaluating patient care management. The Marlborough Hospital Board of Directors, Medical Staff, Administration, and employees remain committed to providing high quality care to all members of the communities we serve and who access our services.

Sincerely,

John L. Cummings

Thomas E. Cummings

President

President



MASSACHUSETTS GENERAL HOSPITAL

Boston, Massachusetts 02114

March 16, 1992

Medicare Provider #220071

Gail R. Wilensky, Ph.D., Administrator Health Care Financing Administration Medicare Hospital Information Bureau of Data Management and Strategy Room 3-A-12, Security Office Park Bldg. 6325 Security Boulevard Baltimore, Maryland 21207-5187

Attn: Robert Moore

Dear Dr. Wilensky:

The following comments pertain to the Medicare Hospital Information - 1992, "HOSPITAL CHARACTERISTICS" section on page 105.

Under subheading "Profile", the Case Mix Index (CMI) of 1.7669 does not reflect the actual 1990 year end total. It should be 1.7725.

Under subheading <u>"Staffing"</u>, 'the Percent of Physicians Board Certified Specialists' should read "estimated 94.0%"

Under subheading "Specialty Services" - Other Intensive Care' should be Yes.

Under subheading "Other Specialty/Hospital Based Services", - 'Psychiatric' should also be Yes.

foles yelana

J. Robert Buchanan General Director

Massachusetts General Hospital

enc.

Sincere



A Community Hospital Committed to Excellence

Hospital Avenue, North Adams, Massachusetts 01247

Patrick L. Muldoon President

March 16, 1992

Gail R. Wilensky, Ph.D., Administrator Health Care Financing Administration Medicare Hospital Information Bureau of Data Management and Strategy Room 3-A-12, Security Office Park Bldg. 6325 Security Boulevard Baltimore, MD 21207-5187

Dear Ms. Wilensky:

We appreciate the opportunity to include our comments in the upcoming HCFA publication of hospital mortality rates.

The Medical Staff and Administration of North Adams Regional Hospital, as part of its ongoing quality assurance and peer review activities, reviews the care of every patient who dies within our hospital or in the Emergency Department. This commitment predates HCFA's current attempt to apply external quality control measures to our institution and will continue as part of the important role of quality monitoring in our institutional setting.

While the provision of this information is useful data to hospitals in the continuous search for improvement, it is important that the public realize the inherent danger of using one statistical data element alone to draw conclusions about the quality of care at any institution. Specifically:

- 1. The HCFA data for North Adams Regional Hospital represents a very small mortality incidence in real numbers over a short time frame, one year. Statistical techniques tend to be reduced in validity when numbers are small and timeframes are short, as in the case of the NARH data. Consequently, we suggest caution based upon sample size.
- 2. The data includes deaths which occurred within 180 days of admission to a hospital. Given North Adams Regional Hospital's Medicare average length of stay of under 8 days, the data on average accounts for deaths for 6 months after discharge. These deaths may or may not be related to admission.

Ms. Gail R. Wilensky, Ph.D. Administrator Health Care Financing Administration March 16, 1992

Page 2

3. The data does not adjust for case mix; i.e., hospitals which serve a large population of elderly or poor or high risk individuals may experience a higher mortality rate not due to poor care, but instead due to the patients that they treat. North Adams Regional Hospital, for example, services a population which is significantly older than the nation as a whole.

North Adams Regional Hospital and its Medical Staff, like all responsible health care institutions, welcome additional information which helps the important work of monitoring quality. However, the publication of one data element, mortality rates, out of the hundreds of indicators reviewed in a hospital every day, can legitimately be used only to raise questions which should then be answered through further study.

We at North Adams Regional Hospital intend to include the HCFA mortality statistics into our overall quality improvement system as a part of our ongoing review process.

Thank you for the opportunity to share our views.

Sincerely,

Patrick L. Muldoon, President North Adams Regional Hospital



Norwood Hospital

800 Washington Street Norwood, Massachusetts 02062 Telephone (617) 769-4000

TO:

Gail R. Wilensky, PhD.

March 16, 1992

Health Care Financing Administration

Medicare Hospital Information

Bureau of Data Management and Strategy Room 3-A-12, Security Office Park Building

6325 Security Boulevard

Baltimore, Maryland 21207-5187

ATTN: Robert Moore

FROM:

Jeanné Morello, FACHE

Operations & march Executive Vice President,

Norwood Hospital

800 Washington Street

Norwood, Massachusetts 02062

Provider # 220126

RE:

COMMENTS ON THE HCFA 1990 MORTALITY DATA

hospital has reviewed the contents of the HCFA regarding fiscal year 1990 mortality data. As expected, observed rate for all causes of death was below the predicted rate for the 30 days, 90 days, and 180 days groupings. categories, the results showed a decrease from previous years in the variations between the observed and the predicted rate. This confirms the results of the medical staff's on-going monitoring and assessment of all deaths.

Representatives of the medical staff and quality assessment staff evaluated patients records in the acute myocardial infarction category to determine the validity of the information. As prior years, the majority of the patients were found to have serious diseases which severely compromised their ability withstand an acute illness. Patients were found to have comorbid conditions such as coronary artery by-pass surgery, left-heart ventricular perforation, cancer, acute pancreatitis, congestive heart failure, cerebral vascular accident, renal failure, diabetes, and hypertension. Six (6) of the 24 patients in the 30 days grouping were admitted to the hospital in cardiac arrest and died within 24 hours. There was no quality of care issue noted in the review of these records.

The hospital continuously monitors and evaluates the care delivered to patients. This process, which includes peer review of the medical staff and hospital staff, follows standards of the Joint Commission on Accreditation of Healthcare Organizations and meets the objectives of the hospital's Quality Assessment/Improvement and Risk Management Plan. Norwood Hospital is dedicated to providing the highest quality of patient care possible. This is its primary mission and the hospital is confident that this standard is being upheld on a daily basis.

Quincy Hospital

114 Whitwell Street Quincy, Massachusetts 02169

(617) 773-6100 FAX: (617) 479-5812

March 19, 1992



Gail R. Wilensky, Ph.D., Administrator Health Care Financing Administration Medicare Hospital Information Bureau of Data Management and Strategy Room 3-A-12, Security Office Park Building 6325 Security Boulevard Baltimore, Maryland 21207-5187 ATTN: Robert Moore

Medicare Provider #220067

Dear Ms. Wilensky:

Quincy Hospital has reviewed the 1990 Medicare Hospital Mortality Rate Statistics recently provided. We appreciate this information, but we would like to state for the record that we believe that this is but one of the many quality indicators which Quincy Hospital reviews and that mortality data alone is not indicative of the quality of care provided at a hospital. That said, Quincy Hospital was pleased to note that we are within one standard deviation of all of the indicators and that in a majority of the indicators, we are below the predicted rate. We will, as we have in past years, do a more exhaustive study of this data as part of our ongoing quality assurance program. We would like to thank you for providing us with this data as it is useful in our efforts to continually improve the quality of care provided to all patients at Quincy Hospital.

Sincerely,

W. Neil Stroman

Chief Operating Officer



WILLIAM F. WELD GOVERNOR DAVID P. FORSBERG

SECRETARY

THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
SOLDIERS' HOME IN HOLYOKE
110 CHERRY STREET
HOLYOKE, MA 01040
(413) 532-9475

RUDY J. CHMURA SUPERINTENDENT

March 18, 1992

Medicare Provider # 220153

Gail R. Wilensky, PhD, Administrator
Health Care Finance Administration
Medicare Hospital Information
Bureau of Data Management and Strategy
Room 3-A-12, Security Office Park Building
6325 Security Boulevard
Baltimore, Maryland 21207-5187
ATTN: Robert Moore

Dear Ms. Wilensky:

The Soldiers' Home in Holyoke wishes to acknowledge the receipt of FY 1990 Medicare Hospital Mortality Rates.

The Soldiers' Home in Holyoke is a State Veterans facility and was established in 1952, consisting of 259 Long Term Care beds, a 27-bed Hospital Unit, and a 50-bed Dormiciliary Unit.

The purpose of the Soldiers' Home in Holyoke is to provide the highest quality of patient care that is optimal within achievable resources. The Soldiers' Home in Holyoke is an accredited facility by the JCAHO, in both the Long Term Care and Hospital section.

The Soldiers' Home in Holyoke, Hospital Unit provides medical care to Veterans who are transferred from the Long Term Care units of the Soldiers' Home facility. The average age of these Veterans is 75.7 years. Their general health is usually compromised from chronic illness such as chronic cardiovascular diseases, cerebrovascular degeneration and chronic pulmonary diseases. Therefore, their length of stay is longer than the predicted rate.

The Soldiers' Home in Holyoke maintains a comprehensive integrated Quality Improvement Program that evaluates in a systematic, ongoing manner the quality and appropriateness of patient care rendered, by all health care professionals in all clinical department and support care areas.

In conjunction with the Quality Improvement Program, the Soldiers' Home in Holyoke participates in a Patient Care Assessment Program mandated by the Medical Mal-practice Act of 1986, Chapter 35, Massachusetts General Laws, enforced by the

Continued, Page 2,

Massachusetts Board of Registration in Medicine.

The Soldiers' Home in Holyoke is proud of the available facilities to the Veterans of Massachusetts. Our dedicated staff of physicians, nurses and administrative personnel have one goal - to provide the best services possible to Veterans of all wars. We will continue to strive to provide the highest degree of quality care to all of our patients.

Thank you for allowing us this opportunity to respond.

Very truly yours,

Superintendent

Soldiers' Home in Holyoke

RJC:d

David T. Hannan President

Medicare Provider #220100

Gail R. Wilensky, Ph.D., Administrator Health Care Financing Administration Medicare Hospital Information Bureau of Data Management and Strategy Room 3-A-12, Security Office Park Bldg. 6325 Security Boulevard Baltimore, Maryland 21207-5187

Attn: Robert Moore

Dear Mr. Moore:

Following are South Shore Hospital's comments to the Medicare Hospital Information Report:

Regarding this year's mortality data release, we find that South Shore Hospital's actual mortality experience in total and in all of the categories for the three years examined is within predictable limits. In view of the institution's high patient acuity experience, these findings are noteworthy.

South Shore Hospital is a private, not-for-profit, regional acute care medical center. It is licensed to operate 342 beds (249 medical/surgical, 32 intensive care/coronary care, 32 obstetric and 29 pediatric/young adult) and 8 Level II newborn bassinets and 36 well-baby bassinets. In 1991, the hospital opened new centers for emergency and maternity care to respond to the demand for those services. The hospital provides a broad range of inpatient services and is the premier health care provider in southeastern Massachusetts. The hospital's 350 physicians and allied health practitioners represent virtually every major medical specialty. Ninety percent of physicians are board certified. The medical/surgical occupancy rate is 85 percent, making South Shore one of the most actively utilized hospitals in the Commonwealth.

Our commitment to delivering quality patient care is evidenced by a strong hospital-wide quality improvement program involving physicians, nurses and other patient care professionals from all clinical and non-clinical areas. With the help of a full-time quality improvement professional professional staff, the quality and continuity of care and services provided to all of our patients is continually monitored against explicit practice standards developed by members of the medical staff and other clinical professionals at the hospital. These practice standards are routinely and regularly reviewed for appropriateness.

We appreciate that HCFA has attempted to respond to hospitals' concerns regarding statistical methodologies and presentation of the data, and has refined them further this year to make the data as meaningful as possible. We particularly appreciate HCFA's addition this year of data over a 180-day time frame to allow examination of other factors in the health care delivery system that can affect outcome. We specifically recommended such a move in our comments to last year's report. However, the need continues to refine still further the methodology to incorporate patient-specific variables that affect outcome and explain the variance in mortality among hospitals.

Despite the latest adjustments to HCFA's model, health care consumers still should interpret these data with caution and may find the information valuable only when supported by more complete assessment of individual case outcomes. The quality improvement program at South Shore Hospital meets this responsibility for all patients including Medicare patients. An ongoing hospital quality improvement program, supported by administration and the medical staff, remains the only valid method of assessing the quality of medical care provided to our patients. The HCFA mortality data will be reviewed by the hospital's quality improvement committee, as has been done in previous years.

South Shore Hospital appreciates the opportunity to comment on this material. We encourage health care consumers to make informed decisions based on accurate, reliable and complete information. Quality health care is a mutual goal for both consumers and providers.

Sincerely,

David T. Hannan

President/CEO

South Shore Hospital

South Shore Health and Educational Corporation



Southwood Community Hospital

111 Dedham Street Norfolk, Massachusetts 02056 Telephone (508) 668-0385

March 16, 1992

Gail R. Wilensky, Ph.D., Administrator Health Care Financing Administration Medicare Hospital Information Bureau of Data Management and Strategy Room 3-A-12, Security Office Park Building 6325 Security Boulevard Baltimore, Maryland 21207-5187

ATTN: Robert Moore

Dear Sir:

We have reviewed the Medicare Hospital Mortality Information for FY 1990 and appreciate this opportunity to offer our comments.

First, it should be noted that we had fewer than 50 deaths in each category, and thus, as mentioned in your General Overview of Mortality Information - Attachment A, the precision and interpretability of your estimates could be questionable.

However, we did look at specific cases listed in the report and in the case of the death attributed to Hip Fracture, found that the patient was admitted at a later date for an acute myocardial infarction and this was the cause of death. Under Procedures, we checked the two Initial Pacemaker Insertions and found that one patient, a 90 year old in congestive heart failure, previously had a stroke, and died four months later outside the hospital; the second patient had breast cancer with metastases to the lungs and bones, was discharged to a nursing home and died there. Likewise, one of the four patients under Sepsis died at a local nursing home eight months after discharge; another died of liver and kidney disease during a later hospitalization and a third patient was readmitted five months later with a stroke and developed aspiration pneumonia and expired.

We would also like to point out that 44 of the 101 deaths with a Principal Diagnosis not listed in any of the conditions or procedures in the report had a diagnosis of cancer or a treatment procedure for it.

We did find the data useful as indicators for further investigation and will share the information with facility peer review bodies as part of our comprehensive, ongoing quality assessment program to identify, investigate, and resolve patient problems. Finally, we would like the public to know that Southwood Community Hospital is dedicated to the provision of the highest quality of care possible to all of the community. Our ongoing quality assessment, peer review, and risk management programs are second to none in the monitoring and evaluation of patient care services in accordance with the guidelines of the JCAHO, AMA, ANA, the Massachusetts Board of Registration in Medicine, and other review agencies. This is verified by the results of the most recent JCAHO survey when we were accredited with distinction .

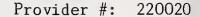
Sincerely,

YCL:1r

YOLANDA C. LANDRAU, Ed.D.

Senior Vice President

Patient Care Services/Behavioral Medicine





St. Anne's Hospital, 795 Middle Street, Fall River, MA 02721-1798, (508) 674-5741

March 16, 1992

Gail R. Wilensky, Ph.D., Administrator Health Care Financing Administration Medicare Hospital Information Bureau of Data Management & Strategy Room 3-A-12, Security Office Park Building 6325 Security Boulevard Baltimore, Maryland 21207-5187

Dear Dr. Wilensky:

Thank you for allowing St. Anne's Hospital to respond to H.C.F.A.'s release of mortality data for the fiscal year 1990. St. Anne's Hospital is an institution committed to both providing and monitoring quality of care and appreciates the H.C.F.A.'s efforts to make such information available to the consumers of health services. As in the past, however, I recommend that readers place the data into proper perspective with the knowledge that the data which is available to H.C.F.A. do not always allow for totally accurate measurement of patient characteristics which could have a large impact on the predicted mortality rate. Additionally, method of presentation of data may create wrong impressions. Illustrative of this, in this Hospital's report are areas where the observed rate exceeded the predicted rate. On the surface it would appear that these observed rates may be a cause for concern. However, in order to determine if this data was worthy of further investigation, this Hospital used the "SDs", or standard deviations, to calculate a 99% confidence level. Application of this formula revealed that St. Anne's Hospital was well within acceptable mortality limits in the areas in question.

This Hospital would also like to note that of the eighteen conditions/causes/procedures listed, there is data in five areas only where there are greater than fifty cases reviewed. In less than fifty cases it cannot be determined whether there is a difference between the observed rates and what would be expected for our Hospital.

In reference to the long term data: Long term mortality is difficult to interpret and raises the possibility that factors outside and beyond the control of the Hospital may have contributed to a person's death. This Hospital responds to the need for provision of services on discharge through its discharge planning staff. High risk screening is performed daily in order to immediately identify those patients who could potentially be in greatest need of continued care on discharge. To close the loop, patients requiring services are contacted shortly after discharge to assure

Gail R. Wilensky, Ph.D. March 16, 1992 Page 2

realization, timeliness, and satisfaction with services with intervention applied where necessary.

At this point, it is important to emphasize that the use of mortality does not, in itself, provide measure of quality but is instrumental in guiding quality assurance/improvement efforts. Our quality assurance staff reviews patient records on a daily basis using many criteria, including mortality, that reflect current professional standards of care that are in compliance with the Joint Commission on Accreditation of Health Care Organizations (J.C.A.H.O.), the Peer Review Organization (PRO) of the Massachusetts Medical Society, and other regulatory agencies. Additionally, our Medical Staff departments meet monthly to evaluate patient outcomes.

This rigorous mechanism of constant review and evaluation allows us to identify specific areas on which to focus more detailed review and to maintain the high standards of care that we constantly strive to achieve.

In closing, please allow me to again thank you for the opportunity to review and comment on our mortality data.

Sincerely,

Paul M. Connolly

Executive Vice President

Paul In Comolly

PMC/ic

S Elizabeth's Tospital

of Boston

736 Cambridge Street Boston, Massachusetts 02135 617/789-3000

Mar. 18, 1991

Gail R. Wilenski, Ph.D., Administrator
Health Care Financing Administration
Medicare Hospital Information
Bureau of Data Management and Strategy
Room 3-A-12, Security Office Park Building
6325 Security Boulevard
Baltimore, MD 21207-5187
ATTN: Robert Moore

Hospital I.D. No. 220036

Dear Dr. Wilenski,

As you requested in your letter of February 28, St. Elizabeth's Hospital is providing comments on the HCFA mortality data for FY 1990.

We are pleased to confirm that St. Elizabeth's Hospital overall mortality rate for each of the three years reported was below the range predicted by the HCFA model. In the two statistically significant categories of patients, Coronary Artery By-Pass Graft and Prostatectomy, for which the Hospital's FY 1990 rate was slightly higher than predicted, the rate was within the standard deviation computed by the model.

We feel it is essential to take this opportunity to emphasize the importance, in releasing hospital-specific mortality data, of focusing attention on the major problems which affect the interpretation of reported mortality rates:

- The hospitals lack information on patients who died after discharge, making it impossible to verify the reported data. We have no way to verify the cause of those deaths, which could well be unrelated to the condition for which a patient was hospitalized or to quality of the care received in the hospital. They could have occurred from other causes during management of the patient at home or in a post acute treatment facility. Over the years covered by this study approximately 15% of the deaths included with St. Elizabeth's Hospital data fall into the category of post-discharge deaths within 30 days of admission.
- The study attempts to assess the relationship between important patient characteristics and the risk of death. However, data are not available to assess the relative risk of death associated with such critical factors as the stage and severity of the patient's illness, his/her health status and psychological condition, or family support.

St. Elizabeth's Hospital of Boston Hospital I.D. No. 220036 3/17/91, Pg. 2

- Since mortality rates for Medicare patients differ substantially from that of other age groups no inference can be made from these data regarding the mortality rates for non-Medicare patients.

St. Elizabeth's Hospital Role. St. Elizabeth's Hospital plays a major role in medical education and bio-medical research as a university medical center of Tufts University School of Medicine. The Hospital offers a broad range of specialty services which attract high risk geriatric patients. These include referral programs in Cardiology/Cardiothoracic Surgery, Respiratory Disease, Gastroenterology, Neurology, End State Renal Disease and Hematology/Oncology. St. Elizabeth's places special emphasis on Gerontology. It is a referral hospital for the Good Samaritan Hospice, a fact which is particularly significant in interpreting mortality statistics which include post hospital deaths within 30, 90 and 180 days of admission.

Quality Assurance. St. Elizabeth's Hospital's principal goal is to provide high quality patient care. Efforts directed to this end include physician review of all deaths, focusing on unexpected deaths; regular meetings of all clinical and ancillary departments which routinely address patient care issues; and Medical Staff committees focused on the quality of patient care. The Department of Quality Assurance provides an ongoing system of collecting and evaluating information about important aspects of patient care. Toward this goal, all areas involved in the delivery of patient care services and outcomes are evaluated to insure that standards and guidelines comply with rules and regulations of the professional staffs. Problems identified and recommendations for corrective action are referred to the Medical Peer Review Committee, the Hospital President and the Board of Trustees.

Thank you for the opportunity to comment on these data. If there are any questions, please call Mrs. Marie Barry at (617)789-2443.

Sincerely,

Theodore J. Druhot

President



- St. John's Hospital

Provider No. 220082

March 12, 1992

Gail R. Wilensky, Ph.D., Administrator Health Care Financing Administration Medicare Hospital Information Bureau of Data Management and Strategy Room 3-A-12, Security Office Park Building 6325 Security Boulevard Baltimore, Maryland 21207-5187

Attn: Robert Moore

Re: St. John's Hospital, Lowell, MA Response to Medicare Mortality Data

St. John's Hospital is a 241 bed community hospital delivering quality care to primarily medical/surgical patients. Over the last year, the hospital's Medicare population has been 46.6% with an average age of 75.8 years.

The Board of Trustees, Administration, and the Medical Staff of St. John's Hospital are committed to the delivery of quality patient care. St. John's maintains an active staff of over 140 physicians, of whom 106 are Board Certified, and has been able to maintain its own adequate professional nurse staffing pattern.

Significant changes in methodology used by Health Care Financing Administration in preparation of mortality data, provides the hospital with more detailed information about its Medicare population. St. John's is pleased to comment on its mortality data as the percent of death in each category substantiates the commitment to the deliverance of quality patient care.

Review and analysis of St. John's Hospital mortality data reveals that there are no meaningful differences between the observed and predicted mortality rates. Out of the 17 listed categories of patient conditions and procedures, specific data released for St. John's Hospital

is as follows: 10 of the categories did not have enough patient deaths to be of any statistical significance. In four categories, St. John's had no patient deaths. Out of the four categories of no patient deaths, two procedures are not performed in this facility, and in the remaining three categories, the death rate is acceptable.

St. John's Hospital again wishes to take exception to the release of this data to the general public. Although the methodology has been modified again this year, the hospital remains convinced that this is not a valid indicator as to the quality of patient care rendered within any institution.

Sincerely,

Daniel J. O'Connor, Jr. M.D. President & Chief Executive Officer

DJO/dd

cc: C. Gregory Martin, M.D., Medical Director Jeffrey D. Stone, D.M.D., President, Medical Staff Patricia A. Burke, Esq., Sr. V.P., Internal & Legal Affairs

Saint Luke's Hospital of New Bedford, Inc.

101 PAGE STREET, P.O. BOX H-3003, NEW BEDFORD, MA 02741-3003

508-997-1515

Medicare provider number: 220021

COMMENTS ON THE HCFA MORTALITY RATE DATA

The following information is in response to the Health Care Financing Administration's data of mortality rates during fiscal year 1990 for St. Luke's Hospital of New Bedford, Inc., in New Bedford, Massachusetts.

It is divided into the following sections:

- . Accuracy and limitations of the HCFA data.
- . Ongoing quality assessment activities at St. Luke's Hospital.

ACCURACY AND LIMITATIONS OF HCFA DATA

HCFA's report on mortality rates does not provide adequate data, medical review or specialized interpretation to be useful as a quality assessment guide or as a measurement of a hospital's performance. Limitations of the data most notably include weaknesses in the measurement of the severity of illness at the time of admission. This criteria is an extremely important indicator of a patient's prognosis and is particularly important when treating a large number of patients 75 years of age and older. The HCFA data is also not reflective of care provided by the hospital, because death could have resulted from a cause unrelated to the hospital admission.

The HCFA data assumes that each hospital's patients is equal in terms of the level of illness. The data does not consider severity of illness or account for a patient's condition at discharge. For example, St. Luke's has an 18-bed oncology unit where many patients are being treated for end-stage diseases. St. Luke's also operates a growing Hospice program which provides special care for terminally ill patients in their own homes. St. Luke's also has started a new cardiac catheterization laboratory which includes balloon implant insertion. These factors bear significance when examining the number of cancer or cardiac deaths after hospital discharge.

St. Luke's is also the sole provider of acute care services in its area and has an extremely large percentage of patients 75 years of age and older. Nearly half of all St. Luke's patients are Medicare recipients. Other services typically offered to the elderly include inpatient dialysis and the care of the acute stroke patient. Such services tend to attract patients who are more seriously ill. In fact, our case mix shows that St. Luke's is treating more acute patients.

Equally important is the fact that the complexity and quantity of the data cannot be thouroughly or meaningfully interpreted within the time frame provided by HCFA.

QUALITY ASSESSMENT AT ST. LUKE'S HOSPITAL

While St. Luke's is committed to providing quality care and has long considered mortality review as part of its regular quality assessment program, mortality rates, by themselves, do not measure quality and can only be used as a tool in the quality assessment process which requires review by medical professionals.

Through accreditation by the Joint Commission on the Accreditation of Healthcare Organizations, a national and voluntary accreditation process, the hospital insures that the highest standards are met in delivering patient care and providing a comprehensive quality assessment program. In addition, the hospital is licensed by the Commonwealth of Massachusetts which also mandates quality assessment programs.

St. Luke's quality assessment process starts early during a patient's hospital stay and monitors and evaluates every aspect of patient care, including unexpected occurrences, such as infection, as well as unexpected deaths.

Joseph Iannoni, Vice President

Fiscal Services/CFO





Sturdy Memorial Hospital ≚

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LINDA J. SHYAVITZ
President and Chief Executive Officer

March 12, 1992

Gail R. Wilensky, Ph.D., Administrator
Health Care Financing Administration
Medicare Hospital Information
Bureau of Data Management and Strategy
Room 3-A-12, Security Office Park Building
6325 Security Boulevard
Baltimore, Maryland 21207-5187
ATTN: Robert Moore

Dear Dr. Wilensky:

Sturdy Memorial Hospital, Attleboro, Massachusetts, appreciates the opportunity to comment on our FY 1990 HCFA mortality data. Before proceeding, however, it is important to state that no statistical model can define the presence or absence of quality medical care. At best, a model can only indicate areas that warrant further review.

Interpretation of this year's data release is somewhat less complicated than last year. Still, it will be necessary for any reader to study the technical notes carefully. Presentation of the data in graphic form should help in interpreting the numbers for "All Causes". However, for specific conditions and procedures, there will still be a predisposition to compare observed mortality to the predicted point mortality and conclude that any higher observed number is "bad". In fact, only if the observed mortality rate exceed the predicted rate by more than two standard deviations (SD) is it probable that the difference is meaningful and worthy of further review.

Again this year, Sturdy Memorial Hospital had no actual mortality rates that exceeded two SD above the predicted rate. Indeed, in most categories we do not meet the minimum statistical reliability threshold (established by HCFA) of fifty cases, so that the differences cannot be interpreted at all.

As always, though, we have incorporated this data into our ongoing quality assurance efforts. For the one category that appears problematic, acute myocardial infarction (AMI), every medical record abstract was reviewed. All but four of the AMI deaths occurred here at Sturdy, and two of them were transferred to other acute facilities. No quality of care issues have been identified. These patients represent very old and very sick people for whom death was not unexpected.

Quality medical care is our top priority, and we certainly do not object to reviewing cases identified by HCFA statistics or by any other traditional case review audit methods. We have a hospital-wide total quality management/service excellence program, the medical care portion of which is coordinated through the Medical Director's Office. It includes medical staff performance, nursing quality assurance, risk management, infection control, and safety/security. Through the clinical department organization, as well as standing committees of the Medical Staff, quality of care is reviewed continuously. Unusual events are investigated even if death does not occur; mortality is only one area of review.

Thank you for the opportunity to comment.

Signed,

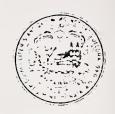
L'inda J. Shyavitz/

President and Chief Executive Officer

Sturdy Memorial Hospital

LJS/alp





1493 Cambridge Street, Cambridge, Massachusetts 02139 (617) 498-1000

March 16, 1992 I.D. Number 220011

Gail R. Wilensky, Ph.D., Administrator
Health Care Financing Administration
Medicare Hospital Information
Bureau of Data Management and Strategy
Room 3-A-12, Security Office Park Building
6325 Security Boulevard
Baltimore, Maryland 21207-5187
ATTN: Robert Moore

Dear Dr. Wilensky:

Review of the FY 1990 Medicare Hospital Mortality Rates for the Cambridge Hospital shows that the Hospital's overall mortality rates are well within the predicted range for all time periods post admission. These rates represent a slight decline from the rates of FY 1989. In examining the rates for individual conditions and procedures, it should be noted that the numbers are generally too small to be meaningful. In the only category with enough cases to calculate a S.D., (congestive heart failure) our mortality rate was below expected.

The Cambridge Hospital has a very active quality assurance program, which includes the review of all deaths. All deaths and complications are first reviewed within each department and then reported to a hospital committee. This structure facilitates the identification of patterns and/or trends over time and insures that any such problem will be addressed. The fact that a patient dies after discharge is not in itself an indication of the quality of care provided. Many elderly patients with terminal conditions or end stage disease prefer to live out their lives at home with maximum supports or in a nursing home. These options are offered to all patients as part of the discharge planning process.

The Medicare patient population seen at the Cambridge Hospital represents a spectrum of complex medical problems. Many patients are admitted from nursing homes, 82% are admitted for emergency, and the average age is 75 years.

In an effort to continue to improve quality of care to all patients, mortality review (100%) will continue as an internal quality assurance mechanism.

Additionally, HCFA data will be shared with the clinical departments.

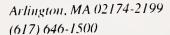
In closing, it is concluded that there has been no area of concern. It is important, however, to emphasize that the predicted mortality rates do not reflect the care provided.

Thank you for continuing to produce and share this information with the hospital.

Sincerely,

John G. O'Brien

Hospital Administrator





Medical Provider 220053

DATE: March 10, 1992

Re: Symmes Response to HCFA Mortality Data

Symmes Hospital is a community hospital caring, among others, for our families, friends, and neighbors. We take care to provide to each individual in need of our services the highest standard of professional care. In order to insure each patient the highest quality care we are committed to ongoing analysis of our performance, making changes when necessary.

Symmes Hospital has a comprehensive, hospital-wide Quality Improvement Program. All clinical disciplines within the hospital are required to constantly monitor the services they provide and to set goals to improve services. In addition, there are hospital-wide systems in place to monitor quality; these include patient complaint systems and screening mechanisms. This process is coordinated by a Quality Assurance Committee that meets regularly and is overseen by the Hospital's Board of Trustees.

Multiple sources are used to compile information about patient care in our Hospital. This is reviewed on an ongoing basis. We welcome the HCFA Data as interesting feedback from yet another potential source of useful information.

Although the exact relevance of this data is unclear at this time, we are pleased to have compared favorably in it. We will continue to study the information for its usefulness in managing our system and the care we provide.

Any questions should be directed to the Office of the President, David Speltz.

BOSTON UNIVERSITY SCHOOL OF MEDICINE SCHOOL OF PUBLIC HEALTH . THE UNIVERSITY HOSPITAL . BOSTON UNIVERSITY GOEDMAN SCHOOL OF GRADUATE DENTISTRY



The University Hospital

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J. Scott Abercrombie, Jr., M.D. President and Chief Executive Officer

Medicare Provider No. 220031

March 19, 1992

Gail R. Wilensky, Ph.D., Administrator Health Care Financing Administration Medicare Hospital Information Bureau of Data Management and Strategy Room 3-A-12, Security Office Park Building 6325 Security Boulevard Baltimore, Maryland 21207-5187 ATTN: Robert Moore

To Whom It May Concern:

Boston University Medical Center/The University Hospital appreciates the opportunity to comment on the Medicare mortality data released by the Health Care Financial Administration (HFCA). We have reviewed the mortality rates for all causes and all conditions and procedures, in which there were sufficient cases to be statistically significant, and the observed mortality was below the predicted mortality for all time periods. Also of importance was the fact that the observed mortality was below the predicted mortality consistently over the years FY 1988 - 1990.

We were pleased to note the methodological enhancements represented in the presentation of FY 1990 data and recalculated FY 1988 and 1989 data. In recognition of the continued need to refine the methodology, we would like to articulate the following concerns regarding Coronary Artery Bypass Graft (CABG) data:

- 1. Patients experiencing concomitant cardiac disorders such as valvular disease or ventricular septal defect are of much higher risk. Including these cases in the CABG mortality distorts the results, especially considering the small sample size. We suggest that a more accurate way of determining CABG mortality is to use DRG codes., i.e., DRGs 106 and 107 are assigned to patients undergoing CABG procedures exclusively, so that the sample pool would be far more homogeneous. In our own experience, observed CABG mortality decreases from 7.7% to 6.3% when recalculated using only DRGs 106 and 107.
- 2. The predicted mortality calculation for surgical procedures should include those risk factors that demonstrate patient acuity at the time of surgery. All significant national

studies in cardiovascular disease include consideration of left ventricular function, the occurrence of previous MI and the circumstance of surgery. Although the HCFA data does weigh the circumstance of admission, no weight is given to the patient's status at the time of surgery.

I hope these comments and recommendations are considered in the development of further methodological changes which continue to make this information more meaningful and accurate.

Sincerely

J. scott Abercrombie, Jr., M.D. President



University of Massachusetts

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S. Keith Collins, M.D.
Associate Chief of Staff
Director of Clinical Computing

Medicare Provider Number: 220163

Gail R. Wilensky, Ph.D., Administrator Health Care Financing Administration Medicare Hospital Information Bureau of Data Management and Strategy Room 3-A-12, Security Office Park Building 6325 Security Boulevard Baltimore, Maryland 21207-5187 ATTN: Robert Moore

March 17, 1992

Dear Dr. Wilensky:

Each year, as HCFA publishes the annual mortality rates for Medicare patients, we at the University of Massachusetts Medical Center take the opportunity to review the data for evidence of the effectiveness of our patient care. We take seriously our obligation to provide the highest quality of care to all of our patients, and we continually search for ways to improve.

Once again, we are gratified to find that our mortality statistics fall well within the expected range for our patient population, and indeed are significantly below the predicted level in the aggregate. Examination of specific subsets of the data appear to further confirm the overall quality of our care.

We, as you, are aware of the limitations of these data, and so view them as only one indicator among many that we continually monitor to assess and improve the effectiveness of patient care services at our institution. Nonetheless, we are pleased that our efforts to provide high quality, cost effective care seem to be reflected in the data you collect.

Sincerely,

Keith Collins, M.D.

Associate Chief of Staff

With Collins MD









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